

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

## Care Fully Limited

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Date of Inspection: 29 April 2014

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

<b>Consent to care and treatment</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Management of medicines</b>	✓ Met this standard
<b>Requirements relating to workers</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard
<b>Complaints</b>	✓ Met this standard
<b>Records</b>	✓ Met this standard

## Details about this location

Registered Provider	Care Fully Limited
Registered Manager	Mr Guy Holding
Overview of the service	Care Fully Limited trades as Flexicare North London. It is a family owned domiciliary care agency. The agency is registered to offer personal care and is working mainly with adults who are living with dementia.
Type of services	Domiciliary care service Supported living service
Regulated activity	Personal care

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

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## Summary of this inspection

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### Why we carried out this inspection

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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 announced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 29 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 and reviewed information given to us by the provider.

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### What people told us and what we found

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During our inspection of Care Fully Limited we set out to answer five questions. These were whether the service is 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 findings during the inspection, discussions with people who used the service and their relatives. We also spent time looking at records. If you wish to see the evidence supporting our summary please read the full report.

Is the service safe?

We found that care was planned and delivered in a way that was intended to ensure people's safety and welfare.

There were effective recruitment and selection procedures in place which meant that people received their care from staff who were suitably qualified, skilled and experienced.

Is the service effective?

People told us that they were happy with the care that they received and that their needs had been met. One person said, "They seem to be very competent".

It was clear from records and from speaking with people who used the service that the staff team had a good understanding of people's care and support needs and that they knew them well.

Is the service caring?

People who used the service told us that staff treated them with respect and courtesy.

A representative of a person who used the service said, "One of the carers is absolutely

fantastic, [the person who uses the service] absolutely adores her, she is a caring carer. She is as honest as the day is long."

Is the service responsive?

Records confirmed that people's preferences, interests and diverse needs had been recorded and that care and support had been provided in accordance with people's wishes.

Is the service well led?

We found that there were monitoring systems in place to ensure that people's needs were consistently to their satisfaction.

People told us that they knew how to make a complaint and would be confident that their concerns would be taken seriously.

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

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### **More information about the provider**

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Please see our website [www.cqc.org.uk](http://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

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### 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.

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### Reasons for our judgement

All the people we spoke with told us that the manager had visited them before they started to use the service. One person said, "He came out to see me at the hospital. My family told him what I needed."

People told us they had a record of the care and support they had agreed to in their homes. One person told us, "There is a copy of the care plan here in my home."

We saw that people who used the service, or their representatives, had signed to confirm that they agreed with the content of the care plans.

We saw that people had given their specific consent for the manager to make unannounced monitoring visits. This meant that the manager could check at any time that people received the care and support they had agreed to.

People told us that the staff treated them with courtesy and respect and always asked for their consent to any care provided. One person also said, "It's good, I have mostly the same staff member come to me and I like it because they usually phone me if they are going to be late."

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

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**Our judgement**

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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.

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**Reasons for our judgement**

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People's needs were assessed and care and support was planned and delivered in line with their individual care plan. As part of our inspection process we spoke on the telephone with two people who used the service and the relatives of two other people who used the service.

We looked at the care files of two of the four people who received support with personal care. We found that the care plans were based on an assessment of people's individual needs. The care plans contained sufficient information about the needs of people who used the service to enable care workers to deliver appropriate care. They included details of the individual support that care workers needed to provide at each visit.

People told us that the service had listened to how they wanted their care to be delivered and were happy with the care package that had been agreed. They told us, "I am very happy thank you, I have been using the service for two years now, it is good." And another person said, "They seem to be very competent".

Care and support was planned and delivered in a way that was intended to ensure people's safety and welfare. People told us that they had regular staff visiting them and that they knew the time staff members were going to arrive. People told us that the standard of care they received was consistent between all staff who visited them. The manager told us, "People like us for the continuity of care that we deliver."

We saw that risk assessments were completed relating to the environment and aspects of the care provision. This ensured that care could be provided safely.

Everyone told us they knew how to contact the service, within and outside of office hours, and said that their calls were always answered.

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

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## Our judgement

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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.

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## Reasons for our judgement

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Our inspection of 27 September 2013 found that the provider's policy and procedure for staff in relation of the administration of medicines was not being followed and we found there were inappropriate arrangements in place for the administering and recording of medicines. The manager sent us an action plan in November 2013 to tell us what actions they had taken to address the identified shortfalls.

The action plan stated that the manager had reviewed the medication policy and implemented a full audit trail of medication. They also reported that new policies and procedures for medication administration had been sent out to all staff and that refresher courses had been arranged for all staff members to attend.

At our inspection of 29 April 2014 we saw evidence that all people employed to provide care and support to people had received refresher training in the safer administration of medicines in November 2013 and that a revised medication policy and procedure was in place.

We looked at the files of two people where the manager told us staff administered medicines. These contained useful information for staff. People's care plans and risk assessments included information about the administration of medicines. Both people's files contained a list of their current medicines, the reasons these were prescribed and common side effects.

The medication policy covered areas such as requesting repeat prescriptions for individual clients, disposing of unwanted medicines safely by returning to the supplying pharmacy/dispensing GP Practice and prompting people to take their medication. The policy also stated that staff could only administer from a compliance aid that had been filled by an appropriate professional and the manager confirmed that staff members now did not administer medications from any compliance aids that had not been filled by a dispensing pharmacy.

We looked at medication administration records. We found that they provided a clear record of where staff had either prompted people to take their medicine or administered people's medications for them. We noted that staff had signed and dated the records to

provide a clear audit trail of the medications in people's homes. We saw that there was a separate record detailing where people had refused to take their medications.

People who used the service told us, "I couldn't cope without them; I wouldn't be able to take my medicine without their help."

## Requirements relating to workers

✓ Met this standard

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

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### Our judgement

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The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

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### Reasons for our judgement

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Our inspection of 27 September 2013 found that people were at risk of receiving care from staff that were not suitably qualified, skilled or experienced. This was because there were not effective recruitment and selection practices in place. The manager sent us an action plan in November 2013 to tell us what actions they had taken to address the identified shortfalls. The action plan stated that there would be a full review of recruitment policies and procedures to include a checklist to ensure that all necessary checks were made prior to new staff members starting to work with the agency.

At our inspection of 29 April 2014 we found that there was a recruitment and selection policy in place however, it was not possible to assess the process in practice because no new staff members had been recruited since our previous inspection.

We reviewed the personnel file for one established member of staff and found that there was clear evidence to confirm that all the necessary references and checks had been undertaken. We noted there was evidence that a satisfactory criminal record check had been completed, a copy of photographic ID and proof of permanent address. We saw there was a full work history of the staff member and a health questionnaire had been completed relevant to their ability to carry out the role in which they were employed.

People made positive comments about the staff that provided care to them. Everyone we spoke with told us they felt the care workers were all well trained and competent. People who used the service told us, "The staff are all lovely, we all get on really well and they know what they are doing." A representative of a person who used the service said, "One of the carers is absolutely fantastic, [the person who uses the service] absolutely adores her, she is a caring carer. She is as honest as the day is long."

## 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

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### Our judgement

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The provider was meeting this standard.

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

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### Reasons for our judgement

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Our inspection of 27 September 2013 found that there were not effective systems in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others and to assess and monitor the quality of service that people received. The manager sent us an action plan in November 2013 to tell us what actions they had taken to address the identified shortfalls.

We saw evidence to confirm that people who used the service, and their representatives, were asked for their views about the care and support provided. We looked at a sample of satisfaction surveys that had been completed by people who used the service or their advocates in November 2013. We saw that all the responses had been positive. The manager reported that the surveys were to be completed six monthly with the next one to be sent out in May 2014.

We spoke with two people who used the service and representatives of two others. People told us that someone from the office visited them regularly to ask about the service and check if they had any concerns. People and their relatives also told us that they would always speak to the manager if they had any concerns.

Comprehensive risk assessments had been carried out prior to care starting and were reviewed regularly. These recorded actions to be taken to reduce or eliminate the risks identified.

## Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

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### Our judgement

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The provider was meeting this standard.

There was an effective complaints system available.

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### Reasons for our judgement

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Our inspection of 27 September 2013 found that an effective complaints system was not available. The manager sent us an action plan in November 2013 to tell us what actions they had taken to address the identified shortfalls.

At our inspection of 29 April 2014 we found that the manager had undertaken a review of the complaints policy and procedure to clarify who people should contact in the event that they wished to make a complaint about the service they received.

We noted that the service satisfaction questionnaire included the question, "Do you know how to make a complaint?" People who had completed the questionnaire in November 2013 all indicated that they did know how to raise any concerns.

The manager told us they had not received any complaints since the service was registered in 2011.

One person said, "I would talk to the manager if I had any worries; he would definitely sort anything out for me I know."

**People's personal records, including medical records, should be accurate and kept safe and confidential**

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## **Our judgement**

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The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

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## **Reasons for our judgement**

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Our inspection of 27 September 2013 found that people were not protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were not maintained. The manager sent us an action plan in November 2013 to tell us what actions they had taken to address the identified shortfalls.

At our inspection of 29 April 2014 we found that people's personal records, including those relating to medication administration, were clear, accurate and fit for purpose. We found that staff records such as references, employment history and criminal record checks were appropriately maintained.

Where people's care plans and risk assessments had been updated due to changes in circumstances or through reviews we saw that archived copies were maintained on the computer system.

The manager reported that there was a system in place to 'back up' the computer system in the event of a software failure.

We saw that records were stored in the agency office that was locked and secured out of business hours.

People we spoke with told us that they had a folder with their care plans at their homes. They told us that staff recorded the care and support they received every day.

## 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.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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