

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

## CARE Yes

24 County Road, Maidstone, ME14 1XJ

Tel: 07850769493

Date of Inspection: 11 March 2014

Date of Publication: June 2014

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

|  |  |                   |
|--|--|-------------------|
| <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>Supporting workers</b>  |  | Met this standard |
| <b>Assessing and monitoring the quality of service provision</b> |  | Met this standard |
| <b>Records</b>   |  | Met this standard |

## Details about this location

|                         |   |
|-------------------------|---|
| Registered Provider     | Mrs Lorna O'Shea  |
| Overview of the service | CARE √ Yes provides support to people to enable them to live as independently as possible in the community in and around Maidstone, Kent. |
| Type of service         | Domiciliary care service  |
| Regulated activity      | Personal care   |

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

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## Summary of this inspection

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### Why we carried out this inspection

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We carried out this inspection to check whether CARE √ Yes had taken action to meet the following essential standards:

- Care and welfare of people who use services
- Management of medicines
- Requirements relating to workers
- Supporting workers
- Assessing and monitoring the quality of service provision
- Records

This was an unannounced 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 11 March 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 staff 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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At the last inspection of this service on 29 August 2013 we found five outcome areas were non-compliant. During this inspection on the 11 March 2014 we concentrated on those areas.

We found that care and support plans files had been reviewed and were now up to date and provided guidelines for staff to provide care and support as agreed by individuals who used the service. One person we spoke with explained how they decided the support they needed from staff and how they were in control of their own life. People's individual needs and preferences had been considered by the provider when they delivered care.

People's medication was given as prescribed and stored appropriately.

Staff were recruited robustly which ensured only suitable staff worked with vulnerable people.

Staff received training and support to make sure they had the skills and knowledge to provide the support needed by people who used the service.

The agency had introduced monitoring systems which included people being asked for their views, to make sure they received a quality service.

Records were seen to be stored appropriately and were dated, signed and accurate.

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

### Care and welfare of people who use services

✓ Met this standard

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

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### 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.

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### Reasons for our judgement

At the last inspection of this service on 29 August 2013 we found areas of non-compliant with this outcome. For example people's health records were not always maintained and outcomes of GP or consultant visits were not recorded. We found no plans or agreements of how staff were supporting individuals to achieve their desired goals. Some information which was used to assess risk was not accurate. We also found that the plan of care and support was not always written in a format or words that the individual would understand.

During this inspection on the 11 March 2014 we found care and support was planned and delivered in a way that was intended to ensure people's safety and welfare. At this visit, we read four care plans and spoke to six people who were using the service. We found that care plans contained information about the care that people needed. This included; the specific ways that people liked to be addressed, how they wanted to be supported with guidance to staff about each aspect of the support required. One person for example needed help with budgeting to ensure they had enough money to pay their bills while still being able to enjoy chosen activities. This had been clearly recorded in their care plan. Another person liked to be as independent as possible and the support plan reflected this, instructing staff to be aware of, and sensitive to this person's wishes. One person we spoke with explained how they decided the support they needed from staff and how they were in control of their own life. This showed that people's individual needs and preferences had been considered by the provider when delivering care.

The provider may wish to note that we could not locate the initial assessment of people's care and support needs or those undertaken at least yearly since. This meant that people's needs were not being assessed and therefore people may not be getting all the support they need.

Care files contained the personal details of each person these recorded information about their families, health needs and noted the contact details of professionals such as their care manager. Care and support needs were recorded and were different for each person,

which meant that the support was individualised. We spoke with people who used the service and they confirmed that staff do go through their plans with them regularly and that they do have meetings about their care which included their care manager. This showed that people received personalised care which took account of their preferences and personalities.

We read the daily notes made by care staff and saw that these recorded the care given at each visit. The notes were dated, timed and signed by the visiting staff and meant that the provider could evidence that care and support was delivered in line with people's wishes.

We spoke with five people about their experiences of using the service. One person told us: "The carers are fantastic, I can't fault them, they'll do anything and deserve a pay rise". This person explained there had been changes to their support, but that staff had reassured and explained everything to me. Another person told us "The staff are so kind and they are like friends to me, they encourage me to do things that if left to myself I might not bother to do and would regret later". People told us that staff understood their needs and gave them appropriate support.

Each person had individual risk assessments within their plans of care and support which ensured people were supported safely. The assessments identified the level of concern, risks and benefits of encouraging activities to take place and how to manage the risks. This meant that people were protected from risk of harm.

A weekly activity planner in people's care files confirmed that people had regular activities and staff support throughout the week. The staff we spoke with during our time at the office told us the activities were planned around people's likes as stated in their care plans. However, the plan was not descriptive and not written in a language suitable for the people who used the service. The provider agreed and told us that they would look at making this document easy for the people they support. This meant that although this could be used as a guide for staff it was not useful for people who used the service.

**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.

Medicines were safely administered and appropriate arrangements were in place regarding recording and obtaining medicines.

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## **Reasons for our judgement**

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At the last inspection of this service on 29 August 2013 we found this outcome non-compliant because we found that medication arrangements were not sufficient to keep people safe and ensure people received their medication as prescribed

During this inspection on the 11 Mach 2014 we found that Medicines were safely administered and appropriate arrangements were in place regarding recording and obtaining medicines.

We found that the provider had appropriate arrangements in place in relation to the recording of medicine. We found that each person who used the service self-administered their medication and staff wrote in their daily when they had observed medicines taken. We saw that medication self-administration risk assessments had been carried out for each person who used the service. This meant that the provider had ensured people were not put at risk of inappropriate medication administration.

The provider may find it useful to note that we found no records of people's medication in their care records. For example, one person who was on insulin and measures his blood level himself had no details of the insulin taken and guidelines on how to measure his own blood level. We saw this in the daily records where staff wrote "X took his insulin and measured his blood". Apart from this entry, we saw no other information and guidance on how to support this person. This meant that staff were not provided with guidance on this particular medication in order to adequately support the person who used the service.

We spoke with a member of staff who told us that medicines were now kept safely. At our last visit, we found in one supported living premises we visited that there was some controlled medication on site for one person, which was administered by the district nurse, and held by staff for this person in the office. We were informed that as this person was self-medicating, medication are now stored suitably in their own accommodation. Staff also told us that people who used the service had medication cabinets in their bedroom to store medication securely. This meant that medication was stored appropriately to promote

people's independence.

We looked at three staff training records and found that they were trained in medication handling in 2013. We were informed by staff that refresher courses online had been planned for 2014. This meant that the provider ensured staff were trained to safely administer medication.

The provider had up to date policies and procedures in place for the safe administration of medicines and self-medication. The medication policy covered homely remedies, disposal, refusal, medication error, PRN or occasional medications and collection of prescription.

## Requirements relating to workers

✓ Met this standard

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

### Our judgement

The provider was meeting this standard.

Appropriate checks were undertaken before staff began work.

### Reasons for our judgement

At the last inspection of this service on 29 August 2013 we found this outcome non-compliant because we found that the recruitment procedure had not been followed to ensure people's safety.

During this inspection on the 11 March 2014 we found there were effective recruitment and selection processes in place.

We looked at four staff files and found that they included completed application forms which had members of staff education and work histories. We saw interview notes in staff files which showed that staff had been interviewed as part of the recruitment process. This ensured that staff had the qualifications, skills and experience to undertake their work.

Each file contained evidence of satisfactory pre-employment checks such as disclosure and barring services checks (DBS) and references. There was current photograph of the staff member on file. The provider may find it useful to note that we found that files did not contain proof of identity such as copies of passports, driving licences and birth certificates. This meant that the provider did not fully confirm staff's identity prior to recruitment.

Information in staff files demonstrated that recruited staff had qualifications such as national vocational qualifications (NVQ) levels two and three which were required to meet people's needs.

Information in staff files and discussion with staff evidenced that a staff induction programme was in place. This showed that the manager ensured staff had the skills and experience which were necessary to carry out their responsibilities.

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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## **Our judgement**

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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.

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## **Reasons for our judgement**

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At the last inspection of this service on 29 August 2013 we found this outcome non-compliant because we found that Staff had received the training necessary or support to ensure they had the skills and knowledge to look after the people cared for by the agency.

During this inspection on the 11 March 2014 we found that people were cared for by staff that were supported to deliver care and treatment safely and to an appropriate standard.

Staff received appropriate training, to ensure that the support they provided was delivered safely. We looked at the training matrix to see that the relevant training had been completed. We saw courses undertaken had included person centred planning, mental health awareness, epilepsy awareness, infection control, mental capacity Act (MCA) and safeguarding vulnerable adults. We looked at records which showed that support and further development opportunities were available for members of staff. One member of staff said, "We have just started a new online training, which is easy to access". This meant that staff had been given the knowledge and skills necessary to care and support people the people they visited in their own homes.

We looked at the records which showed that annual appraisals were carried out, and these included discussion about training and development opportunities. The provider may find it useful to note that we found no records of annual appraisal for one member of staff out of the four staff records we reviewed. This might show that this person had not undergone an annual appraisal, which might hinder their professional development to improve their skills.

Staff received formal supervision on a monthly basis. The monthly supervision meeting gave both the manager and staff the opportunity for discussion about performance, any issues which needed to be raised and training they had undertaken. This meant that staff had been monitored and provided formal feedback on their day to day performance.

## 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 received.

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### Reasons for our judgement

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At the last inspection of this service on 29 August 2013 we found this outcome non-compliant because we found that there were no effective auditing systems in place to ensure that people received a quality service.

During this inspection on the 11 March 2014 we found that auditing had started and that there were now systems to regularly assess and monitor the quality of service that people received.

People had been asked for their views about the care provided so that their suggestions could be acted on. Records showed that people had completed satisfaction survey recently. The manager told us that surveys were given to people who used the service and that they were supported by an independent person to complete them. It showed that the people were happy with the service provided and that over 50% of people responded. Questions asked included; "How do you think we can make it better?" We saw that people had made comments, one said for example that they would like the communication between them and head office be improved". The manager told us that the survey results were discussed and an action plan was devised to make sure people views were acted upon to improve the service. We saw that improving the communication was in the action plan. This meant that people who used the service were given the opportunity to comment on the service provided and these were taken into account in the running of the service.

The agency had established procedures in place for reviewing people's care and support needs at regular intervals. Documentation such as support plans, daily care records, and medication sheets were reviewed by the manager regularly during her visits to people who used the service. The provider told us this was to ensure that people received the service as agreed. However the provider may wish to note that we did not see documentary evidence that this had taken place, which meant people, may not always be receiving the service as agreed. We saw that one location where a number of people receiving a service lived had been audited by someone not involved with the agency, and this audit which took place on 14th February 2013 had not been extended to other similar locations. This meant

that although there were monitoring processes in place to measure the quality of the service provided these were not yet fully embedded to ensure all peoples records had been monitored.

Records evidenced that staff meetings were now taking place. We saw the minutes of the last meetings on 4 March 2014 with managers and a previous meeting on the 24 October 2013 with care staff showed that plans were discussed to improve the quality of care that people received. Areas discussed included paperwork recording, staff supervision arrangements, and care/support of the people who used the service. Staff said these meetings were useful as they discussed issues related to the people they cared for and their own needs. This demonstrated that the provider discussed issues related to the care and welfare of people who used the service and staff in order to improve the service provided.

## Records

✓ Met this standard

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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At the last inspection of this service on 29 August 2013 we found this outcome non-compliant because we found that a number of records were not being appropriately stored, up to date or they were not accurate and this left people who used the service at risk.

During this inspection on the 11 March 2014 we found that records were now available in the agency office as well as in people's homes. The files along with other confidential information were being stored securely in the office. This meant people's records were kept safe and confidential.

People's care and support plan files had been brought up to date and the files excess documentation had been archived so it was easy to find current information. We found that most documents had now been signed and dated so it was possible to see when records had been completed. This meant it was possible to see how up to date and relevant the information was.

At the last inspection we also found that some documents were not in a suitable language for the people who used the service. Some work has been undertaken by staff to improve this and we saw some use of pictures. The provider may wish to note that there were still documents such as the support plan and the daily planner that were not in a format that would suit most of the people they cared for. This meant people using the service would not be able to access information easily contained within their personal files.

## 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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