Inspection Report

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

Barking Enterprise Centre

50 Cambridge Road, Barking, IG11 8FG

Date of Inspection: 04 September 2014

Date of Publication: October 2014

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Reline Care Ltd
Registered Manager	Ms Roseline Fonkwa
Overview of the service	Barking Enterprise Centre (Reline Care LTD) provide domiciliary care and personal support to older people in their own homes.
Type of service	Domiciliary care service
Regulated activity	Personal care

Contents

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

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 4 September 2014, talked with people who use the service and talked with carers and / or family members. We talked with staff.

What people told us and what we found

A single inspector carried out this inspection. The focus of the inspection was to answer five key questions; is the service safe, effective, caring, responsive and well-led?

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

Is the service safe?

People's care and support needs had been fully assessed. Potential risks to people had been identified and were acted upon by staff so that people were kept safe. Staff had access to guidance through an adult safeguarding policy and they understood their roles in relation to the protection of vulnerable adults. People were protected from the risk of harm because the provider had ensured staff knew how to recognise and report concerns about abuse or neglect.

We saw the service carried out criminal record checks on all staff who worked in the service to ensure they were suitable to work in the care sector.

People were supported by staff who had the knowledge and skills to deal with foreseeable emergencies. They had received first aid training which was regularly updated. Staff were provided with personal alarms that they could use when working alone.

Is the service effective?

People's social, health and support needs were assessed with them, and they were involved in reviewing their care plans at least every six months. People told us the service met their identified needs. One person we spoke with said, "Staff do what I tell them to do, it's a wonderful service." Staff were able to explain how the Mental Capacity Act 2005. People told us staff always involved them in reviews of their care packages and changes were only made with their consent.

Is the service caring?

People were supported by kind and attentive staff. Staff were able to explain how they supported people to maintain their dignity and deliver services in a caring way. Care plans included details of how people liked to be supported. People told us that staff were caring. One person said, "The staff are very thoughtful, I am very satisfied with them."

Is the service responsive?

We saw that the service had a system in place to respond to complaints and comments. The service had asked people's view of the service and responded to what people told them. Records showed that people needs were assessed before they signed agreements to receive the service.

Is the service well-led?

Staff were clear about the aims and objectives of the service. Quality assurance processes were in place to check what people thought about the service. We saw the service had sent feedback forms to people who used the service and their relatives. The service took account of what people told them in the feedback forms.

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

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

Before people received care or treatment they were asked for their consent and the provider acted in accordance with their wishes. We read the records of three people who used the service. We saw their records all included care plans where people were given the opportunity to sign their agreement to the care and treatment the service was providing. The records contained a form asking for consent for a range of issues, for example one person had signed to confirm they consented to their picture being taken. Another person had consented to staff sharing their information with other health and social care professionals. We spoke with two people who used the service and three relatives of people. People told us staff always involved them in reviews of their care packages and changes were only made with their consent.

Staff obtained people's consent before delivering care. We spoke with three members of staff, including the registered manager. Staff told us they always asked people for consent before delivering care. Staff confirmed care plans were detailed enough for them to be clear about what people wanted. One member of staff said, "Care plans are always up to date, I just follow the care plan. I also regularly check people are happy with what I am doing with them." Another member of staff said, "I break down what I am doing with people into steps, and check at each stage if they are happy for me to continue." They gave an example of when they were washing people they would start washing one area, and not move to the next until people were ready. They were also able to explain how they protected people's dignity while delivering care in this way.

We spoke with staff about the Mental Capacity Act 2005(MCA). The MCA ensures decisions made about people who did not have capacity are made in their best interests. We found staff had an understanding of the MCA and understood how to obtain consent from people in a lawful way.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

People's needs were assessed and care was planned and delivered in line with their individual care plan. We read the records of three people who used the service. These contained information from referring agencies explaining the service they expected staff to provide to the person. This was either in the form of emails or care plans drafted by the referring agency. The records included assessments, which the staff from the service had completed with the person and their representative. The assessments had been based on issues the referring agency had identified, as well as issues identified by the staff member who completed the assessment. This included things such as assistance with personal care and support with household tasks such as cooking and tidying up the house.

The provision of care was planned in line with the person's specific requirements. For example, one file detailed how the person only wanted to be supported by female workers and the service had met this requirement. People' s cultural needs were fully addressed, for example one person had expressed a desire for a worker who could speak their first language and the service identified a member of staff that could meet this requirement. People confirmed care was delivered in line with what they wanted staff to do. One person told us, "Staff do what I tell them to do, it's a wonderful service."

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. The care records included risk assessments. These included risks associated with falls, the home environment, going out in the community, travelling on public transport and environmental conditions. We saw there were plans in place to address the identified risks. For example, one plan explained how staff should provide care to a person who was not always aware of obvious dangers. Staff were instructed to constantly monitor the person's mobility. Another record detailed how to support a person that had a history of dizzy spells. Staff were instructed where to stand when supporting the person to do specific tasks. This was to ensure they were prepared to support the person during one of these dizzy spells. The staff we spoke with were able to explain how they delivered care to people in a safe way. Records showed needs and risk assessments were reviewed at least every six months.

There were arrangements in place to deal with foreseeable emergencies. Staff were issued with an on-call number to use in the event of an emergency. First aid training was

mandatory for all staff and we saw records that showed yearly refresher training had been scheduled. Staff were provided with personal alarms that they could use when working alone.

Safeguarding people who use services from abuse ✓ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. The staff we spoke with were clear about their responsibilities to report concerns and were able to describe the different types of abuse and the process for reporting abuse. The service had a safeguarding adult's policy. It had last been reviewed in May 2014 and was scheduled to be reviewed again in May 2015. The policy was consistent with what staff told us about how they would deal with safeguarding issues. We saw staff training records which confirmed staff had completed safeguarding training. The records we saw showed training was scheduled to be refreshed annually. One member of staff told us, "I know that we can contact the local authority safeguarding team, or the CQC if we have concerns. "

People who used the service told us they felt safe with the care provided by the staff. One person we spoke with said, "I definitely feel safe with all the staff." A relative of a person that used the service told us they felt their relative was safe with the staff. They said, "X feels very comfortable with the staff, we would speak to the manager or someone if we had any concerns."

The service had no reported safeguarding's in the last twelve months.

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.

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

Reasons for our judgement

There were effective recruitment and selection processes in place. Staff who worked at the service had completed application forms. Applicants were shortlisted for interviews based on the information in their forms. The forms had required people to show how they were suitable for the role they had applied for. People who were successfully shortlisted were interviewed for available positions. The interviews were conducted by the registered manager, and service manager or the responsible person for the service. Successful candidates had to complete a three month probationary period before being confirmed into post. Records confirmed what the registered manager had told us.

Appropriate checks had been undertaken before staff began work. We looked at two staff records. All the records had two references in them. At least one of the references in the file was from a previous employer who noted satisfactory conduct at work. We saw that Disclosure and Barring Service (DBS) checks had been carried out to check people had no criminal convictions that would bar them from working in care.

The staff records we read showed that people had received training in a number of topics appropriate to their role including manual handling, infection control and adult protection. Records showed that staff had the training, skills and experience necessary to do their jobs and meet people's needs. This showed that staff were qualified and competent to carry out their role and meet the needs of the people who used the service.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. The registered manager told us people were sent feedback forms once a quarter. They also told us that the service carried out monthly telephone interviews to monitor the quality of the service. The questionnaires asked people's views on the way care was delivered, the punctuality of staff, and their overall view of the service. The records showed the registered manager had taken action where feedback indicated an improvement was required. For example, one survey identified that people wanted changes made to the way hours were allocated and we saw the service had taken action to address this by making changes to staff rota's.

The quality of service provision was assessed and monitored. We saw audits had been carried out covering a range of areas including staff records and care plans. The method of monitoring included spot checks carried out by service managers, which the registered manager said were carried out on a quarterly basis. Where issues were identified staff were made aware of them and action taken to address the issues. We saw staff records that showed staff were spoken to about issues identified when these checks were carried out. This information was seen both in supervision and team meeting notes. For example one set of minutes showed staff had been told about the importance of completing time sheets following such an audit. Staff confirmed the checks the registered manager told us about were carried out.

There was evidence that learning from incidents and adverse events took place. We found that investigations took place as part of the process of learning and appropriate changes were implemented. We saw that the service had recorded nine incidents in the last twelve months. Examples of incidents reported included falls and where people had wandered when they were out in the community. Minutes of meetings we saw included discussions and actions resulting from incident records. For example where people had wandered staff were instructed how to observe the person in the future, and where to stand when supporting them, to reduce the chances of it happening again.

The service had a complaints policy. We saw there had been one complaint in the last twelve months and it had been dealt with appropriately. For example, a person had

received a response to their complaint within the timeframe set out in the provider's policy.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

Contact us

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