

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

New Forest Homecare

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Date of Inspection: 26 March 2013

Date of Publication: May
2013

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

Respecting and involving people who use services ✓ Met this standard

Care and welfare of people who use services ✓ Met this standard

Safeguarding people who use services from abuse ✓ Met this standard

Supporting workers ✓ Met this standard

Complaints ✓ Met this standard

Details about this location

Registered Provider	New Forest Home Care Limited
Registered Manager	Mrs. Deborah Fairhurst
Overview of the service	New Forest Home Care provides care and support to people in thier own homes.
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

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 announced 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 26 March 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

People were treated politely and with respect and they were given appropriate information and support regarding their care or treatment. People we spoke to confirmed to us that they had received the 'service user' guide which contained useful information about the service and the staff.

We saw that people had been given contracts by the agency which confirmed that the services to be provided had been discussed. One person told us "Somebody from the agency has been round to discuss care with me".

Care plans were detailed and provided staff with clear information about how to provide care to people. People we spoke to were positive about the services they received from the agency. One person told us "Very good, wouldn't change. They have got to put up with me no matter what". Another person told us "Very happy with the service".

Staff had appropriate professional development and regular supervisions and appraisals. This meant that people's needs were met by competent staff.

People were protected from abuse and the risk of abuse because the provider had taken steps to identify and prevent abuse from happening at the service. Staff were clear about their responsibilities to report any concerns.

There were effective systems in place to manage comments and complaints. We found that complaints had been investigated fully, responded to appropriately and where necessary lesson learnt.

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

The agency treated people politely and with respect. We heard a manager dealing sensitively with a relative who had telephoned the agency about a person receiving services cancelling their care calls from the agency. The relative had power of attorney for the person. The manager told the relative that they would put a note on the care system in the office in case the person tried to cancel care calls in future.

People who used the service were given appropriate information and support regarding their care or treatment. We were told that people were given information about the services the agency provided. The information was discussed with people when they were assessed by the agency and the person was given a 'service user' guide.

We saw the service user guide; it contained information about the agency. There was a booklet that was entitled 'What you can expect from the Agency'. The booklet contained information that included the training the care workers had received, tasks that care workers can carry out and an equal opportunities statement. People we spoke to confirmed to us that they had received this guide.

We saw that people had been given 'service user' contracts by the agency. The contracts sought consent from the person for the agency to be appointed to provide care services to them. They also confirmed that the services to be provided had been discussed with them. We saw that these had been signed and dated by people using the service.

The registered manager told us that the agency carried out reviews of care with the person and their families where appropriate. We saw details of a review meeting where the persons' care needs had been discussed. One person told us "I had review but it was a while since. They also helped me check my income as well".

Another person told us "Somebody from the agency has been round to discuss care with

me".

We were told by the registered manager that people were given weekly details of the times the care calls and the staff member. We were told that these were sent out to people on Fridays and some people had them emailed to them. People confirmed that they knew who was coming to deliver care to them.

People were able to express their views. The agency told us that they had sought the views of people who used its services. We were provided with a summary of the questionnaires which had rated the service as either excellent or good.

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. The registered manager told us that the agency undertook assessments of people prior to receiving services from them. This helped the agency to identify what care needs the person had and to plan for their care. We saw the agencies care needs assessments. The assessments included details about personal care and physical wellbeing, mobility and dexterity, equipment needed, skin condition and continence. We found that some of the details recorded were lacking in depth but when we looked at the care plans they were very detailed. For example, on one assessment we saw that it had been recorded under personal care and physical wellbeing that the person required 'full assistance'. However, the care plan was very detailed for this person enabling the care worker to carry out the persons' care needs safely. This demonstrated that the needs of the person were planned appropriately.

We looked at five records. We found that they all had detailed care plans. This meant that staff had clear information about how to provide care to people. On one care plan we saw 'isolated at present unable to go downstairs due to poor mobility'. They included peoples' preferences about how they wanted their care to be delivered. On one persons care plan we saw 'able to communicate her needs but likes her cousin and niece to be involved'. We saw that the care plans were reviewed and had dates on them when this has been done.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. The agency had completed risk assessments for people. These had all been reviewed and had dates of review upon them. The identified risks and how to manage them were copied through to the care plans so that staff were provided with information about how to deliver care safely to the person.

We saw log sheets for five people that had been completed by the care workers. The log sheets corresponded with the care that was set out on the care plan. This meant that care was being delivered appropriately, safely and to the persons' preferences. On one care plan we saw that the person wanted to be woken up at seven in the morning. We saw the log sheets that recorded that the person had been woken as detailed in the care plan.

People we spoke to were positive about the services they received from the agency. One

person told us "Very good, wouldn't change. They have got to put up with me no matter what".

Another person told us "Very happy with the service".

People told us that the agency were reliable and never missed a care call to them. One person told us "They turn up on time except when weather is bad".

Another person told us "Sometimes wonder if a bit late but they always turn up".

The registered manager told us that the agency informs people if they are running late. We saw records of telephone calls made to people to alert them that due to snow the care workers may be late attending the care calls.

There were arrangements in place to deal with foreseeable emergencies. The registered manager told us that computer records of peoples' details were backed up each night so that information would not be lost. In the event of computer failure we saw that the agency held hard copies of peoples' care plans and risk assessments. There were copies of schedules of work so staff would know which care calls to attend to. If there were staff shortages the managers would undertake care calls.

People's care and treatment was planned and delivered in a way that protected them from unlawful discrimination. The agency had an equal opportunities policy that had been included in the service users' guide. People confirmed to us that they had received this guide. It stated 'we do not discriminate in any provision of service against or in favour of any person irrespective of age, race, ethnic origin, gender, sexuality, sexual preference, marital status, religion or disability'.

The agency were able to provide copies of the 'service user guide' on request in other formats such as large print or Braille. They were also able to provide the guide in languages of the persons' choice.

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 agency had a copy of the 'Hampshire Domiciliary Care Association Joint Authority Protocol for Safeguarding Adults in Provider Settings'. There was also a copy of the 'No Secrets' guidelines that provided information about how to report concerns. We saw a copy of the 'Multi-Agency Policy and Guidelines for the Protection of Vulnerable Adults'.

We saw that the agency had policies and procedures about safeguarding that were held in the office and accessible for staff to view. There was a signs of abuse, protection of vulnerable adults and mental health guardianship policies. These had all been reviewed and had dates that they had updated upon them. The agency also had a policy on whistle blowing but this did not have a date upon it. The provider sent us a copy of their policy on the Mental Capacity Act (2005) and the Deprivation of Liberty's. The copy sent was undated but the provider told us that there was a copy held in the office that had been signed as reviewed.

We were told by the registered manager that the care workers received a handbook when they started working for the agency. We saw a copy of the handbook and it contained information about safeguarding and what to do if they suspected abuse. The care workers we spoke to confirmed that they had received the handbook and knew how to report concerns. One care worker told us "I would raise the alarm to my supervisor and report straight away".

The provider sent us records that all staff had received training about the contents of the handbook. We were also sent the providers training matrix that confirmed all staff had received training in safeguarding and abuse, whistle blowing and raising concerns. This meant that all staff would have sufficient knowledge to recognise and raise concerns if they occurred.

The registered manager told us that they had not sent any notifications to CQC in the last year. They told us they would contact us by writing to us or by telephone. We told them

that they could also contact us on line and showed them where the notification forms were on our website.

The agency had arrangements in place to protect people against the risk of control or restraint. The registered manager told us of an example where the agency had identified that a person may not have had capacity. The person had stopped taking their medications and they had a diagnosis of mental health illness.. The agency contacted the local mental health team who knew this person for advice. The mental health team then accepted the referral. The registered manager told us about best interests meetings we showed us that that they had an understanding of the process. They told us that the agency always checks that a nominated person has stamped and issued power of attorney paperwork before discussing persons' care needs with them.

The registered manager showed us a copy of stamped power of attorney paperwork for one person receiving services from the agency.

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

The agency provided information to the care workers who were working remotely to support them to do their jobs. We saw the care workers handbook that was given to all the staff when they joined the agency. It contained the agencies policies such as equal opportunities and the discrimination policy. It covered employment issues such as flexible working and maternity rights. The agency also provided staff with a health and safety handbook. We saw a receipt signed by a care worker for both handbooks. Care workers we spoke to confirmed to us that they had received the care workers handbook. The provider sent us the training matrix and we saw that staff had received training about the company handbook and on call arrangements.

The registered manager told us that the agency held care worker meetings every two months but they were having difficulty getting some staff to attend. The meetings gave an opportunity for staff who worked remotely to come together to share information. Minutes from one meeting that we saw included a discussion that training was mandatory for staff and that failure to attend updates would result in the staff member being unable to work for the agency. The agency also discussed mileage and thanked the staff for their hard work.

The registered manager told us that the agency provided mandatory training to all the staff which was refreshed yearly. The agency did not have a training summary to show us so that we could see that training was provided and in date. We were told that the agency kept details of training on individual care workers files which was difficult for us to see an overall picture of training provided. We asked the provider for a summary of all the training to be sent to us. We were sent a copy of the matrix and found that for all staff mandatory training had been undertaken and that this had been refreshed yearly. One care worker told us that they were going to undertake refresher training in moving and handling. Another care worker told us that they had not undertaken any recent training because they had been too busy working.

We were told by the registered manager that staff received an induction to their roles and they had time shadowing an experienced member of staff. The time the agency gave for shadowing varied. If the staff member was experienced then they would be given three days and for a staff member new to the role it would be two weeks. The provider sent us records that confirmed all staff had received an induction and shadowing time. We saw

one care workers time sheet that they had signed and submitted to the agency for the time they had spent shadowing. We spoke to three care workers, they all told us that they had received an induction and shadowing time from the agency.

Staff also received more specialist training from time to time to meet people's specific care needs. On one care workers file we saw a certificate that they had undertaken training to support a person with breathing difficulties. We were sent the staff training matrix and saw that staff had also received training in food hygiene, pressure ulcer care, palliative care, learning disabilities, dementia and person centred care.

The registered manager told us that they held regular supervisions with staff and appraisals. They were unable to show us evidence that these were taking place during our inspection because they were unsure where the office manager had kept them. We asked for a summary to be sent to us. The provider sent us a summary that confirmed staff had received supervisions and appraisals regularly. We did see a record on one staff members that two supervisions had been recorded as taking place. Two care workers told us that they had received supervisions from the agency. One care worker told us that they had not been employed by the agency long enough yet to have supervision.

Care workers we spoke to told us that they were able to easily contact the agency for advice. One care worker told us "Really helpful always. Got on call number so always can get hold of someone".

Another care worker told us "Great, easy to talk to".

We were told by care workers that they felt positive about working for the agency and felt supported. One care worker told us "The agency works around me with school hours. Really supportive".

Another care worker gave us an example where the agency changed the staff members shift pattern so that they could work closer to home. The care worker told us "Less than a week and they had sorted it out for me".

The agency sought the views of the staff about working for the agency. The agency sent out staff surveys yearly. The most recent survey only three had been returned. The summary of the surveys that we saw found that two staff rated the agency as excellent for staff appreciation and one rated average. For staff support two staff had rated the agency as excellent and one average.

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 complaints system. This was provided in a format that met their needs. The registered manager told us that people were given information when they commenced services the agency about how to make complaints. We saw the 'service user guide' that people were given. It contained procedures of how to make a complaint to the agency, our contact details and the social services complaints and customer care office contact details. People we spoke to confirmed that they had received information from the agency about how to make complaints. One person told us "Have a paper book about how to make complaints".

People told us that they knew how to make complaints. One person told us "Phone up New Milton and complain"

Another person told us "Ring office. Got the number in the folder".

We saw the agencies detailed complaints policy. It had been dated as having been reviewed. The policy was held in the office and was available for staff to refer to. There were also details in the care workers handbook.

The registered manager told us that the agency had not received any complaints.

People we spoke to told us that they did not have any complaints about the agency. One person told us "No complaints at all. The service is so good".

People's complaints were fully investigated and resolved, where possible, to their satisfaction. We were shown records that the agency had received three complaints. The complaints had all been investigated thoroughly and the agency had communicated throughout to the complainant. Upon completion of the investigation the agency had drawn conclusions and carried out actions where these were appropriate. The complaints had all been closed and concluded where possible to peoples' satisfaction.

One complaint report that we saw came from a relative of a person who received services from the agency. The complaint concerned the amount of different care workers the person had received, the time agreed that care workers would call, a care worker not

staying the full amount of time for a care call and that cleaning duties were not undertaken to the persons' satisfaction. Each part of the complaint was fully investigated by the agency. The learning for the agency was that there were different perceptions of what had been communicated as services that the agency would provide. The records show that the agency took appropriate actions to resolve the issues. The agency assigned a senior care worker to monitor the care received by the person, a revised care plan was written that confirmed the times of the visits to the person, the care plan was amended to reflect the cleaning tasks the person wanted and the care worker who did not stay the full amount of time worked an extra ten minutes at the next care call to refund the time missed. They also had supervision with a senior manager where the issues were addressed.

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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