

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

## **Nayland Care Agency Limited - 170 Ranelagh Road**

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Tel: 01473231444

Date of Inspection: 12 March 2013

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2013

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

**Supporting workers**

✓ Met this standard

## Details about this location

Registered Provider	Nayland Care Agency Limited
Overview of the service	Nayland Care Agency limited is providing care and support to people in their 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'.*

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

This was an unannounced inspection.

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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 12 March 2013, talked with staff and reviewed information we asked the provider to send to us.

We looked at staff supervision and training records.

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### What people told us and what we found

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During our focused inspection to look into the concerns that we had received anonymously through our National Customer Contact Centre, we did not come in contact with people who used the service. We spent time at the location's office, looked at records and spoke with four of the staff.

We found where new staff, as part of their induction, had received training to assist people with their mobility needs in a safe manner, not all the staff had received refresher training to keep their skills and knowledge updated. The provider told us that they were aware that there had been slippage in their training programme, and they had taken action to address it. We saw that since January 2013 regular training sessions had been carried out / planned. This would ensure that all staff that required the training would have received it by April 2013.

We saw that where a person's needs changed and they required mobility aids or an increased care package; systems were in place to alert the relevant health and social care professionals to ensure that these changing needs were met.

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

### Supporting workers

✓ Met this standard

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

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### 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.

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### Reasons for our judgement

Our inspection of 15 and 22 August 2012 found the service to be compliant for this standard. In March 2013, we received information which raised concerns that staff had not received refresher training in how to move people safely, or had been provided with the correct equipment to enable them to move people in a safe manner. There were also concerns that the time allocated to visits were not sufficient to enable staff to meet people's needs.

The provider confirmed that since we inspected in August 2012, the member of staff who had been carrying out the 'Moving and Handling' refresher training had left. This had resulted in them getting behind with their training programme. The provider told us that the situation had now been addressed and training days had been set aside each month. This meant that staff who needed to update their skills, would have completed their training by April 2013. We saw that new staff had received training to ensure that they assisted people in a safe manner as part of their induction.

Concerns were raised with the Care Quality Commission that a lack of mobility equipment had led to staff moving people using an unsafe transfer technique. The provider told us when a person's needs changed; staff were aware that they had a duty of care to contact the office and request a review of the person's needs. The request was then forwarded to the appropriate health or social care professional. Where the person required extra support straight away, staff said they contacted Adult Care Services to seek their agreement to provide extra care until the person's needs had been reassessed.

Records showed where staff had contacted the office and asked for a review of two people's needs. We were shown a 'paper trail' which evidenced that staff had acted on the information given in a timely manner. For one person, we saw the review had led to an extra visit being arranged.

As the service provided care in people's own home, they did not supply people with the equipment to help them to transfer. Instead the equipment was either purchased by the

person, or supplied by an occupational therapist. Discussions with two members of staff confirmed that the service had a strict policy, which advised staff that where the appropriate mobility aids were not available such as a hoist, staff must not lift the person. To ensure the safety of both the person and staff involved, personal care was provided to the person in bed until the correct equipment was in place.

We received concerns that staff's travel times were being deducted from people's allocated visit times. This meant that people were not given their full allocated time. The provider told us that staff were paid mileage, not travel time and it should not be deducted from the person's visit times. They confirmed that the timing of people's visits given to staff on a list ran concurrently, this was for guidance only. This was because of the large geographical areas covered by the service, especially rural areas, which resulted in a variation in travel times. Therefore they were not included on the list, the timing of the visit started when they entered the person's home.

The provider told us that they had systems in place to monitor how long staff spent with people to ensure they had received their allocated time. We saw where the management had taken action to address a situation where they had identified a shortfall.

## 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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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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