



# Review of compliance

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

<b>Region:</b>	East
<b>Location address:</b>	170 Ranelagh Road Ipswich Suffolk IP2 0AB
<b>Type of service:</b>	Domiciliary care service
<b>Date of Publication:</b>	October 2012
<b>Overview of the service:</b>	<p>Nayland Care Agency Limited is the registered provider for the regulated activity of personal care at Nayland Care Agency.</p> <p>Nayland Care Agency provides care to 129 people in their homes.</p>

# Summary of our findings for the essential standards of quality and safety

## Our current overall judgement

**Nayland Care Agency Limited - 170 Ranelagh Road was meeting all the essential standards of quality and safety inspected.**

The summary below describes why we carried out this review, what we found and any action required.

### Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

### How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 15 August 2012, carried out a visit on 22 August 2012, checked the provider's records, looked at records of people who use services, talked to staff and talked to people who use services.

### What people told us

We carried out a themed inspection looking at domiciliary care services. We asked people to tell us what it was like to receive care and support from Nayland Care Agency. This was part of a targeted national inspection programme of domiciliary care agencies, with particular regard to how people's dignity was upheld and how they can make choices about their care.

The inspection team was led by a CQC inspector joined by an Expert by Experience, who has personal experience of using or caring for someone who uses this type of service.

We spoke with three family members who cared for their relatives and five members of staff. We also visited three people in their homes and all were complimentary about their care and the service provided by the agency. People told us they were called by their preferred name. We checked the care records kept in their homes which showed their preferred name recorded.

We talked on the phone to 13 people and overall received positive feedback about the quality of care provided. One person told us about the agency staff "They are so good I don't know what I would do without them." Another person said "They are all wonderful just like my friends. I have been having Nayland for a long time and my husband had them for years before I needed care."

People we spoke with knew about their care plans. Two relatives told us that they were involved in all reviews and care records we looked at confirmed they had been involved in the review process.

People told us their privacy was respected and that they were treated with dignity. One person told us the agency staff "Always maintain my dignity by putting a towel on me whilst I am in the sling, they cover my dignity".

Everyone we spoke with told us they felt safe and protected. People confirmed that they were asked about the quality of service and their experiences. For example one person said: "The staff are really good and very attentive, they always check how I am either in person or on the phone".

## **What we found about the standards we reviewed and how well Nayland Care Agency Limited - 170 Ranelagh Road was meeting them**

### **Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run**

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.

### **Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights**

The provider was meeting this standard. People experienced care, treatment and support that met their needs and protected their rights.

### **Outcome 07: People should be protected from abuse and staff should respect their human rights**

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.

### **Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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.

### **Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care**

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

## **Other information**

Please see previous reports for more information about previous reviews.

**What we found  
for each essential standard of quality  
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that 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.

A moderate impact means that 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.

A major impact means that 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.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

## Outcome 01: Respecting and involving people who use services

### What the outcome says

This is what people who use services should expect.

People who use services:

- \* Understand the care, treatment and support choices available to them.
- \* Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- \* Have their privacy, dignity and independence respected.
- \* Have their views and experiences taken into account in the way the service is provided and delivered.

### What we found

#### Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

#### Our findings

##### What people who use the service experienced and told us

People told us that they were consulted about the care and support that they were provided with and understood the care and treatment choices available to them. For example one person told us "I was involved in my plan and told them exactly what I wanted."

Overall comments received from people about this outcome were positive. People knew about their care plans and told us they were involved in the ongoing development of them. Six people told us that they had been involved in a review of their care with relatives, the agency and other healthcare professionals if required and felt they had been listened too.

However one person told us "Whilst most [staff] do the care stated in the plan, some carers don't give the full allocation of time that I pay for. They blame it on the agency not providing them for travelling time or because the previous person took them longer to care for. Makes me feel personal choices or decisions are secondary to the system."

##### Other evidence

Was privacy & dignity respected?

The manager of the agency told us that privacy, dignity and independence were

covered as part of the induction programme and promoted in supervisions and staff meetings to promote best practice.

Three agency staff gave us examples of how they promoted privacy and dignity. For example they used modesty towels to cover people up when carrying out personal care, knocked on doors before entering, and gained people's consent before carrying out any tasks.

Were people involved in making choices & decisions about their care?

We looked at the care records of four people who used the service. These included care plans and risk assessments that provided information about the planning and delivery of care. This included the treatment needed to support that individual. The records were detailed and individual to each person. People's choices and preferences were reflected and written in a way that promoted independence.

The care plans we looked at were all up to date. Information in the care records was detailed and identified people's preferences and personal wishes. This included personal care routines, food choices, interests and hobbies and what was important to them.

The care records contained a description of their preferred daily routine, their likes and dislikes and included their background history. Their preferences in respect to how they liked to be addressed and what was important to them in terms of their daily behaviour and actions was included in the care plans. This provided staff with details on how best to support that individual.

People told us that the agency had made alterations to times and duration of calls when requested. We saw that particular care needs had been accommodated and written into people's care plans and notes to ensure consistency.

### **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.

## Outcome 04: Care and welfare of people who use services

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

### What we found

#### Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

#### Our findings

##### What people who use the service experienced and told us

Overall comments received from people about this outcome were positive and people told us their needs were being met. One person said "I look forward to them coming, they are so gentle and I wouldn't be without them."

We visited three people in their homes they told us that they were fully aware of their care plans. They showed us their care records and confirmed they had been part of the assessment process. One person told us "If my needs change I can contact the office, but a senior carer calls in once a month and we chat about how I am getting on."

However the provider might find it useful to note that one person told us "they (staff) need better training in relation to shaving and dressing people."

##### Other evidence

Assessment of People's needs

We checked the care records for four people who used the service. We saw that regular reviews of care plans and risk assessments had taken place, with changes in people's needs documented and adapted accordingly.

Information in the care plans included initial assessments and risk assessments to minimise any potential dangers in their daily lives. Where risks were highlighted the assessments listed the actions for staff to take to reduce the risk of harm.

Agency staff told us that changes in people's health or well being were captured in daily



records and monitored. Any concerns or significant changes were reported back to the management team so that reviews of care plans and risk assessments could be undertaken and updated. For example an agency member of staff told us how they had noticed a significant change in one person's health and mobility and raised the need for a review. They said this was arranged for the next day, ensuring that the person's needs were consistently met despite the sudden changes.

#### Care Planning

The care plans we looked at were all up to date. They contained information about the person and how to meet their individual needs. We looked at the latest assessments and noticed that all assessed needs gave clear instructions for staff on how to carry out each recorded task and promoted and encouraged a person's independence. For example care plans reflected what the person could do for themselves and where support or assistance was required including the use of prompts by staff.

People confirmed that they were consulted during care planning and that their views were taken into account when care plans were made. However the provider might find it useful to note that one person told us they were involved in decisions about their care or support but a formal review had only happened once in four years.

Three family members told us that they were always present at the care plan reviews. They told us their relative always had things explained and were asked if they wanted to comment or to have a different arrangement for any aspect of their care.

#### Delivery of care

We saw that participation from other partner agencies and professionals when required was documented in the care plans, which ensured people's health and care needs were met. For example agency staff had made contact with the district nurse when they had noted that a person required support.

The care plans we looked at showed that a small team of carers would visit people and the times and length of visit was determined by people's needs which could fluctuate. People's needs were documented with clear instructions for staff on how to administer care and support. There were prompts for staff to contact the agency immediately if there were significant changes affecting a person's health or wellbeing.

We looked at the daily records for the people we visited at home. These records included the support provided and medical appointments they had attended. We noted that information about people's health and wellbeing was captured. With changes in people's mood, behaviour and health reported alongside the actions taken by care workers to manage the situation.

#### **Our judgement**

The provider was meeting this standard. People experienced care, treatment and support that met their needs and protected their rights.

## Outcome 07: Safeguarding people who use services from abuse

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

### What we found

#### Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

#### Our findings

##### What people who use the service experienced and told us

People we spoke with told us they felt safe and trusted their care workers. One person told us "I feel very safe with the carers I have. I am lucky because I always have the same two and know them very well."

##### Other evidence

Preventing abuse

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.

We looked at the safeguarding policy and procedures in place at the service which followed local authority safeguarding guidance. Staff we spoke with told us that safeguarding training plus refresher updates were provided.

We followed this up by looking at training records which confirmed staff had received safeguarding adults training and been awarded relevant certificates. The manager showed us the training schedule for the year which showed us when refresher training and updates in safeguarding was planned for staff.

We looked at the care records for four people who used the service and noted risk assessments were included which explained how the risks in their daily lives were minimised.

### Raising concerns

We spoke with four members of staff about their knowledge of safeguarding people from abuse. They told us the different ways abuse could occur and the actions they would take if they suspected abuse was taking place. They said that they were familiar with the agency's safeguarding procedures and whistle-blowing policy which was in their staff handbook and told us they would have no hesitation in whistle-blowing and reporting any concerns.

### **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.

## Outcome 14: Supporting workers

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are safe and their health and welfare needs are met by competent staff.

### What we found

#### Our judgement

The provider is compliant with Outcome 14: Supporting workers

#### Our findings

##### What people who use the service experienced and told us

Overall people we spoke with told us they felt well looked after by the agency staff and their needs were met. One person told us "They (staff) are all briefed about my needs and new people are always introduced and shown how to attend to my needs, I never get anyone I don't know turning up." Another person told us staff "Consult me all the time about my needs and wishes and do their best to ensure I have everything I need."

However the provider might find it useful to note that two people told us staff do not always wear their full uniforms which they find uncomfortable. One person said "Some don't wear their tunics, I feel this is wrong I don't know where their clothes have been or what they may be bringing into our home. Some sit and smoke in the car before coming into the house. This is a non smoking house; we have never smoked so it isn't fair when they bring that smell into the house especially when providing personal care." Another person said "Although they are supposed to wear uniforms some don't and one carer comes in very low cut blouses or a dress, when she bends down/over it leaves little to the imagination and being elderly it is rather embarrassing."

##### Other evidence

Development, supervision and appraisal

The four members of staff we spoke with confirmed their recruitment had included the necessary checks to demonstrate that they were suitable for the post. This included references and a Criminal Records Bureau (CRB) check. They said they felt well supported by the provider and regular supervision and team meetings were in place.

We followed this up and confirmed that checks had been carried out and supervision

was completed and documented. We saw from the team meeting minutes that staff were able to raise any issues with the manager.

Staff we spoke with told us they felt supported to do their job. They said they felt able to raise any issues with the manager if they had concerns, and issues were listened to and acted upon.

### **Training**

We asked about training and staff told us they had received their mandatory and refresher training when required. We looked at training records which confirmed these practices were in place. Examples included health and safety, moving and handling, dementia awareness, medication, safeguarding, fire safety and food hygiene.

The manager showed us the training schedule for the year. We saw the planned training activity and when refresher training was due. The schedule recorded when staff received their training and when they had completed professional development training courses. This meant that staff were provided with appropriate training to meet peoples needs.

The manager advised us that they were looking into providing training for staff on stroke care as part of their ongoing commitment to supporting staff and equipping them with the relevant skills to meet people's needs. We saw that that additional training had been provided to ensure staff had the required skills to safely assist with specific care needs. For example staff had attended an End of Life Care course and had received training from District Nurses in peg feeding, diabetes, stoma and catheter care to support people.

### **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.

## Outcome 16: Assessing and monitoring the quality of service provision

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

### What we found

#### Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

#### Our findings

##### What people who use the service experienced and told us

Overall people using the service and relatives told us that they were in regular contact with the agency. They said there had been opportunities to express their views about the service through the questionnaire, visits and telephone checks and these had been acted on.

However the provider might find it useful to note that two people told us they did not have regular care plan reviews. One person said they had only had one review in four years. Another person said "No one has asked me regularly, although sometimes a senior carer will go through my file."

##### Other evidence

Monitoring quality

The manager told us that regular 'spot check' visits and telephone 'welfare checks' were in place, to discuss and monitor the care and support that was being provided.

Three 'spot check' records were seen during the inspection. The 'spot checks' were made by the management team to monitor people's care needs and observe the staff's care practice, conduct and adherence to the care plan. This showed us that the provider monitored the quality of the service.

We saw that the agency carried out an annual quality assurance survey to gauge opinions and identify how improvements could be made. The agency gave questionnaires to the people using the service, their family members, staff and external

stakeholders such as social workers. We were shown the outcome of the latest survey and overall the returns were positive. The manager told us that the responses had been analysed to identify areas for improvement and development. For example, people were asked if they felt their needs had been assessed and were being met. One response indicated that an individual had not had their needs assessed but had stated in the comment box they were "very content". The manager advised us that a full care plan review had been undertaken and all files checked had contained a recent review and needs assessment. They said that for the next survey they would consider how the question was phrased as it may have been misleading. This meant that people who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

Relatives we spoke with told us they were kept up to date with any changes to care and support regarding their family member. Relatives also confirmed that any issues or concerns they raised were dealt with in a professional and timely manner by the agency's management.

We saw from the four care plans we looked at that people who used the service had been provided with opportunities to express their views about the service through the questionnaire and through individual consultation with agency staff..

The manager advised us that internal reviews of people who used the service regularly took place with relatives and professionals to ensure that the person's health and care needs were met in the most appropriate and respectful way. Records we looked at confirmed these practices.

#### Risk assessment and management

We looked at four people's care records. Their care plans and risk assessments were detailed and we were able to see that reviews had taken place with updates provided where needs had changed.

All risk assessments seen in files, four in the office and three in people's homes, were up to date. All potential risks were addressed.

We looked at the records for documenting incidents or events that affected the running of the service; resulting in missed calls. The records showed there had been three missed calls from April 2012 due to human error following staff rota changes. The agency documented the reasons and actions taken including contingency plans to avoid any reoccurrences. This showed the provider responded swiftly and appropriately when incidents arose.

#### Complaints

People's views were listened to and acted on appropriately. The manager advised us that there had been three complaints received this year. Records showed that the complaints and concerns were addressed in line with the agency's complaints process. We saw that the complaints had been appropriately handled and recorded with the outcome sent to complainants.

We saw that guidance on how to make a complaint and progressing complaints to an ombudsman, as the last stage of the complaints procedure, was provided to people

through the service user guide. Information on the agency's complaints procedure was also available in the care plans of the people we visited. The manager advised us that accessible formats of the complaints policy were available upon request.

**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.



# What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

**Compliance actions:** These are actions a provider must take so that they **achieve** compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

**Enforcement action:** These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

## Information for the reader

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