Care Quality Commission

Inspection Report

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

The Hydro Domiciliary Care Agency

Unit 5, Hydro Gardens, Chesterfield Road,
Matlock, DE4 3DQ

Tel: 01629580919

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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	✗ Action needed
Safeguarding people who use services from abuse	✓ Met this standard
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✗ Action needed

Details about this location

Registered Provider	Progressive Care Limited
Registered Manager	Ms. Carol Ann Rowlands
Overview of the service	The Hydro Domiciliary Care Agency provides care and support to people in their own homes. The service is operated from the site of Lilybank Hamlet care home in Matlock. There were nine people using the service at the time of this inspection.
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 2 October 2012, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

People told us they were involved in making decisions about their care and they understood the choices available to them. One person told us how the manager had visited them before the service started and had, "Asked me what I wanted doing and told me what they could and couldn't provide".

People told us that their privacy and dignity were respected by staff. People were asked how they wanted to be addressed by staff and what gender of care worker they preferred.

People's needs were assessed and the planning and delivery of care usually ensured their welfare and safety. However, we found that one person's needs had not been fully assessed and their care plan lacked important details. This meant the person was at risk of receiving unsafe or inappropriate care.

People told us they felt safe with the staff who supported them. We found that people using the service were protected by the policies in place and by staff awareness.

People told us the staff had the right skills and experience to meet their needs. A relative told us the staff were, "Pleasant ladies. I overhear them talking with Mum and they always have a laugh and a joke with her".

We found that the provider's systems for monitoring the quality of the service provided and for managing risks to people using the service were not always effective.

You can see our judgements on the front page of this report.

What we have told the provider to do

We have asked the provider to send us a report by 13 November 2012, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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

Reasons for our judgement

People using the service understood the care choices available to them and were involved in making decisions about their care. People told us the manager had visited them to discuss their needs before the service started. One person said, "She (the manager) asked me what I wanted doing and told me what they could and couldn't provide". A relative told us they and the person using the service had, "A lengthy chat" with the manager before the service started. The relative said the manager explained the service and left them with written information about the service.

People told us that their privacy and dignity were respected by staff. A relative told us they were pleased that the agency respected the person's wishes regarding the gender of care staff. They said, "This is really important to Mum". Another relative told us the staff were, "Pleasant ladies. I overhear them talking with Mum and they always have a laugh and a joke with her".

The staff we spoke with gave us good examples of how they promoted independence, privacy and dignity whilst recognising the individual needs of the people they supported. We saw that the preferred name and preferred gender of care staff were noted in each of the three care records we looked at. The provider may find it useful to note that the care plans seen did not include details of how the person's privacy and dignity should be respected and upheld. Some people using the service were not easily able to communicate their needs and preferences. The limited guidance in care plans meant that less familiar staff may not adequately maintain people's privacy and dignity.

Care and welfare of people who use services ✖ Action needed

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

Our judgement

The provider was not meeting this standard.

People usually experienced care and support that met their needs and protected their rights. One person was at risk of receiving unsafe or inappropriate care.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

People's needs were assessed, although we found one person's needs were not fully assessed. We looked at the care records of three people using the service. They all had an assessment of their needs carried out by agency staff. There was also relevant information from others involved in the person's care, such as social services or hospital staff. However, one person did not have an assessment of their needs and abilities regarding their medication. We saw from daily records that staff were helping the person with medication and staff we spoke with confirmed this. The same person was identified as being at risk of falls in an assessment of their moving and handling needs. There was no specific assessment regarding the risk of falls and how this should be managed.

People told us that the planning and delivery of care usually met their needs. One person told us that the staff understood their needs, "They know what I want doing and how I like it done". A relative told us the staff had, "A very good understanding of the care she needs". Two relatives said they were generally satisfied with the service, but there were a few occasions when they felt the person's needs were not fully met. One of these relatives said the person's needs were, "Pretty well met, though not always 100 percent". The other relative said that occasionally there was a member of staff who was not familiar with the person's needs.

People told us that the times agreed for staff to visit usually met their needs and preferred routines. One person said they were pleased that their morning calls were flexible to accommodate their routines. Another person said their morning call was occasionally, "A bit too near to lunchtime which I don't like". A relative told us that one person's morning call was slightly too early for them. They had discussed this recently with the agency manager who was now working on addressing the issue.

The planning and delivery of care usually ensured the welfare and safety of people using the service. The care plans we saw included details of the person's preferred routines and the support they required from staff. However, one person's care plan did not have details of the help they needed with their medication, or of the support they needed to minimise the risk of falls. This meant the person was at risk of receiving unsafe or inappropriate care.

There were arrangements in place to deal with foreseeable emergencies. The manager told us the arrangements in place for contingencies, such as adverse weather conditions. The arrangements were not available as written guidance for staff. The manager worked on this during our visit and produced a contingency plan. As this had not been communicated to staff, we could not test the effectiveness of the plan. We saw from staff training records that most staff had received training in first aid and health and safety in the last two years. Staff we spoke with knew how to deal with possible emergencies, such as a serious injury to a person using the service.

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

The provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. People told us they felt safe with the staff who supported them. A relative said, "I know she's getting cared for when I'm not there". Another relative said the person was, "Very safe" with staff. We saw the provider's policy about safeguarding vulnerable adults. This had information and guidance for staff about abuse and the procedures to follow where abuse was alleged or suspected. We saw from staff training records that all staff had attended training about safeguarding vulnerable adults in the last two years. We spoke with two staff who both knew what would constitute abuse and the action to take to safeguard vulnerable people from abuse.

There was a whistleblowing policy in place which enabled staff to raise concerns about poor practice or allegations of abuse. Staff we spoke with were aware of the whistleblowing policy.

The provider had responded appropriately to any allegation of abuse. The manager told us about a recent incident where it was suspected that a person using the service had been subject to abuse. We saw that appropriate action had been taken to safeguard the person and to investigate the alleged abuse. However, the provider may find it useful to note that CQC were not notified as required of the allegation of abuse. People using the service should be confident that allegations of abuse are reported to CQC so that, where needed, action can be taken.

Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

People told us that staff usually had the right skills and experience to meet their needs. A relative said that staff had a good understanding of the care required for the person's specific disability.

People told us they usually had the same team of staff visiting them and this was confirmed by the daily records and staff rotas. The provider may find it useful to note that all of the people we spoke with said they would like to know in advance which staff would be visiting. They said that staff usually let them know each day who would be coming next, but they would like to have a rota in advance each week.

We saw from daily records and staff rotas that there were sufficient staff available to provide the service. One person told us there had been one occasion when staff missed their visit. They said this was due to a breakdown in communication and had not happened since. The other people we spoke with said there had never been a missed visit.

The staff training records showed that staff had completed training in a range of areas relevant to their job role, such as moving and handling, safe-handling of medicines, and food hygiene. We saw examples of training certificates held in individual staff records.

Assessing and monitoring the quality of service provision ✖ Action needed

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 not meeting this standard.

The provider did not have an effective system to regularly assess and monitor the quality of service that people receive. The provider did not have an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

People told us they were satisfied with the service provided. A relative said that the person, "Gets a very good service", and they, "Would have no hesitation in recommending this agency" to other people.

People using the service and their representatives were not formally asked for their views about their care. The provider's quality assurance policy included using annual surveys to gain people's views of the service provided. However, the manager told us that surveys had not been used because of the small number of people using the service. The manager told us that people gave their views informally when talking to her or other staff. However, this was not always recorded and people did not have the opportunity to comment anonymously on the service. Also, there was no evidence of how this information was analysed and used to improve the service.

Staff told us they were asked for their views about the service through supervision, team meetings, and informally. Staff said they were able to go to the manager with their views and ideas and felt they were listened to. There was no evidence of how staff views were taken into account when planning improvements to the service.

There was some evidence that the provider took account of complaints and comments to improve the service. The people we spoke with all said they would go to the agency manager with any problems or concerns. They were confident the manager would take the appropriate action. One person told us about a problem reported to the manager that was sorted out to their satisfaction. The person said this was a minor complaint made by telephone. The manager confirmed that no formal written complaints had been received.

Although there was a system in place to identify, assess and manage risks to people using the service, this was not always effective. The risks associated with supporting one person to have their medication had not been identified and so there was no plan in place for

managing the risks. For the same person, the risk of falls had been identified, but there was no assessment of the risk and no plan of how the risk was to be managed.

There was evidence that learning from incidents took place and appropriate changes were implemented. We saw that appropriate action was taken when there was an issue with the suitability of equipment provided for a person using the service. We saw that changes had been implemented following a recent safeguarding issue.

This section is primarily information for the provider

Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Personal care	**Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010** **Care and welfare of people who use services**
	How the regulation was not being met: The registered person had not taken proper steps to ensure that each service user was protected against the risks of receiving care that was inappropriate or unsafe. Regulation 9(1)(a) and (b)(ii)
Regulated activity	Regulation
Personal care	**Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010** **Assessing and monitoring the quality of service provision**
	How the regulation was not being met: The registered person did not have an effective system to regularly assess and monitor the quality of the services provided in the carrying on of the regulated activity. The registered person had not identified, assessed and managed risks relating to the health, welfare and safety of people using the service. Regulation 10(1)(a) and (b).

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 13 November 2012.

CQC should be informed when compliance actions are complete.

This section is primarily information for the provider

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

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.

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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