

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

East Living - Domiciliary Care Service

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Date of Inspection: 08 February 2013

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2013

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

| | | |
|--|---|-------------------|
| Consent to care and treatment | ✓ | Met this standard |
| Care and welfare of people who use services | ✓ | Met this standard |
| Safeguarding people who use services from abuse | ✓ | Met this standard |
| Requirements relating to workers | ✓ | Met this standard |
| Records | ✓ | Met this standard |

Details about this location

| | |
|-------------------------|---|
| Registered Provider | East Living Limited |
| Overview of the service | East Living Limited is a domiciliary care agency registered to provide personal care to people living in their 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 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 8 February 2013, talked with people who use the service and talked with carers and / or family members. We talked with staff.

What people told us and what we found

People that used the service told us that they were happy with the care they received and confirmed that consent was sought before any care was given.

Care plans were detailed and holistic and evidenced the involvement of people that used the service in the planning and review of their own care.

Most services provided through the domiciliary care agency were to people living in extra care housing or within a supported living scheme. Each scheme had an allocated manager, who was based on site and was responsible for co-ordinating each person's care and managing their own staff team.

Recruitment processes were robust and records were fit for purpose.

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

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care they were asked for their consent and the provider acted in accordance with their wishes

Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. People who used the service told us that they understood their care and had given their consent by agreeing to their care plan. People said that staff always asked them if they were happy to receive their planned care and they had the right to refuse.

Care plans known as 'support plans' reflected people's individual preferences about their care, which included their identified gender support. Support plans and risk assessments were signed by the person receiving care or a relative to demonstrate consent had been given.

Staff told us that consent was covered with all staff as part of the induction. Where people did not have capacity to give consent, the provider acted in accordance with legal requirements. Staff told us that where it was felt someone was not consenting to care or treatment, this information would be passed onto a manager. Managers told us that 'best interest' meetings were held to discuss these concerns. These meetings involved external professionals and where appropriate a family member or advocate.

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 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. Care files were holistic and person centred. We checked six care files and found all had an initial assessment in place. We spoke to people who used the service who confirmed that they had received an initial assessment before their care had started. They said that this assessment had formed the basis of their care plan, which they signed in agreement.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. Care plans were detailed, holistic and person centred. Care plans, known as 'support plans', and risk assessments demonstrated that the individual they concerned had been involved in their development.

People that used the service confirmed the care staff involved them in planning and reviewing their care. People told us that they had copies of their support plans in their home and said that their support plans covered all their assessed needs.

People said they knew what to do if they were unhappy with any of their care. One person said that staff "were not always as polite as they should be" and they "had reported this to a manager." Everyone else we spoke to felt the service was "very good" and "staff were very polite and helpful."

Care staff confirmed that they were required to become familiar with each person's care plan and risk assessment before they started working with that person.

Senior managers told us that all care staff were expected to report any identified change in the needs of anyone they visited. They would pass this onto the on site manager who would implement any required changes to their care and their support plan would be updated.

We were told four senior managers meet with people who use the service on a regular basis to ensure their needs were met in the way that had been agreed.

There were arrangements in place to deal with foreseeable emergencies such as out of hours contact details and appropriate policies and procedures to support staff.

People's care and treatment was planned and delivered in a way that protected them from unlawful discrimination. Where people had culturally diverse needs identified, those needs were planned for in the care plans.

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 told us that they felt safe when their care staff were around and that they were not at risk of abuse. Most people told us they would be able to do something/tell someone if they were unhappy about the way they were being treated by care staff. Staff told us that they used a pictorial guide to help people that used the service to understand when and how to raise concerns.

Staff told us that they had received training in the protection of vulnerable adults. The agency had an adult protection policy and procedure in place and care workers confirmed that they were aware of its contents. Care staff were aware of who to contact if any allegation of abuse or potential abuse was reported to them.

The provider had responded appropriately to allegations of abuse in the past. The agency was aware of its responsibility to alert the local authority of any safeguarding concerns.

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. Staff personnel files demonstrated that all staff had a criminal record check prior to starting work. This ensured that people using the service did not come into contact with staff that might be unsuitable to work with them.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

The agency was part of a large organisation that had a human resources team to support the recruitment.

We were shown how the recruitment process operated and electronic personnel files demonstrated the safe recruitment of care workers had been undertaken.

We were told that vacancies were advertised at job centres and in local newspapers.

Appropriate checks were undertaken before people began work. We reviewed nine personnel files. All files contained a completed application form and supporting documents to demonstrate training and a pre-employment written test. Files also held a copy of the interview questions and answers which included a score for each answer. The completion of these documents demonstrated why the individual had been employed or not, and whether they held the appropriate knowledge and skills necessary to do the job.

Personnel files contained copies of photo identity, evidence of the person's right to work and a criminal record check (CRB) prior to starting work. We saw that most staff had at least one CRB check on file and we were told that it was company policy to carry out a CRB check every three years.

An appropriate recruitment policy and procedure was seen to be in place.

Staff confirmed that they had completed a detailed induction before starting work, which they felt covered all of the essential areas. This induction followed the 'skills for care common induction standards' covering safe working practices.

Records

✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care because accurate and appropriate records were maintained.

Reasons for our judgement

People's personal records were accurate and fit for purpose.

Staff records and other records relevant to the management of the services were accurate and fit for purpose. We looked at records of complaints and accidents and incidents and found these had been followed through to conclusion.

Information was kept securely and could be located promptly when needed. Most records were stored electronically and were password protected. Paper records which were in use were accessible and when not in use, were stored appropriately in a secure office.

Records were kept for the appropriate period of time and then destroyed securely. We were told that some files were archived with an external company or taken away for secure shredding in line with the providers destruction policy.

Information was accessible and there was evidence that individual schemes were closely monitored.

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.

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