

Review of compliance

East Riding Quality Home Care Limited
East Riding Quality Home Care Limited - 36 Kerry
Drive

Region:	Yorkshire & Humberside
Location address:	36 Kerry Drive Kirkella Hull East Riding of Yorkshire HU10 7NB
Type of service:	Domiciliary care service
Date of Publication:	September 2012
Overview of the service:	East Riding Quality Homecare Limited is a small privately owned domiciliary care agency. The agency office is situated in Anlaby in the East Riding of Yorkshire and the care workers work in the surrounding area. The agency currently provides a service to 65 people who live in their own home.

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

Our current overall judgement

East Riding Quality Home Care Limited - 36 Kerry Drive 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 16 August 2012, looked at records of people who use services, talked to staff, reviewed information from stakeholders and talked to people who use services.

What people told us

We spoke with three people who received a service from the domiciliary care agency. They told us that staff respected their privacy and dignity. One person said, 'Staff made me feel comfortable from the start'. People told us that the staff did what they wanted them or needed them to do. One person said, 'The staff are most helpful. I cannot praise them enough' and another said, 'I am highly delighted with the service I receive – all of the carers have been excellent'.

The staff that we spoke with told us that their training included information about respecting a person's privacy and dignity and promoting their independence. Staff told us that they read a person's diary sheet when they arrived at their home to make sure that they were aware of the latest information about their needs.

The people who we spoke with us told us that staff were well trained. One person said, 'Yes, they don't hesitate if they think I need a GP or ambulance' and another said, 'They all seem quick to learn'. They all said that they had never had any concerns about the staff. One person said, 'I have two regular carers and have had a relief carer. They have all been excellent'.

People told us that they were consulted about their satisfaction with the service they received. They said that agency staff were approachable and that they would be comfortable discussing concerns with any of them. All of the people that we spoke with said that they had never had a reason to complain.

What we found about the standards we reviewed and how well East

Riding Quality Home Care Limited - 36 Kerry Drive 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 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

We spoke with three people who received a service from the domiciliary care agency. They told us that staff respected their privacy and dignity. One person said, 'Staff made me feel comfortable from the start'.

The staff that we spoke with told us that their training included information about respecting a person's privacy and dignity and promoting their independence.

Other evidence

People expressed their views and were involved in making decisions about their care. They told us that they were asked when the service commenced what they were able to do independently and what they would like care workers to support them with. People told us that they would not hesitate to contact the agency office if their needs had changed or if they required additional support. One person told us that they had received an extra call each day as a result of a review of their needs.

People told us that they received a service from a small regular group of care workers and that this ensured that their dignity was not compromised in any way by care workers. We saw that the annual survey distributed by the agency in 2012 asked the question, 'Do you feel confident that your privacy and dignity is respected, valued and

protected?' 80% of respondents 'strongly agreed' and 20% 'agreed' with this statement.

People were supported in promoting their independence and community involvement. One care plan that we saw recorded, 'It is important that ... is given time to complete whatever tasks he can manage and have assistance only with the tasks he cannot manage. He is independent with shaving and needs minimal help with dressing upper half'. One person that we spoke with said that staff supported them to do the things they could still do. The staff that we spoke with were able to give us examples of how they promoted a person's independence and said that they tried to undertake tasks 'with' people rather than 'for' people.

Our judgement

The provider was meeting this standard. 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

People told us that the staff did what they wanted them or needed them to do. One person said, 'The staff are most helpful. I cannot praise them enough' and another said, 'I am highly delighted with the service I receive – all of the carers have been excellent'.

One person told us that staff were observant and noticed when they were not well or needed additional support.

Staff told us that they read a person's diary sheet when they arrived at their home to make sure that they were aware of the latest information about their needs. They said they wrote in diary sheets at the end of their visit so that the next care worker had up to date information to work with.

Other evidence

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

The manager told us that she visited prospective service users to undertake a care needs assessment and that this information, plus any information received from Social Services, had been used to develop an individual plan of care for the person concerned. The manager said that staff delivered the printed version of the care plan to the person at their first visit. This was confirmed by the staff that we spoke with.

During our visit to the agency office we examined the care records for three people who

used the service. We saw that these included a care needs and environmental assessment form that highlighted any known hazards. When a hazard or risk had been identified, the assessment was supported by a document entitled 'Safety Assessment Record/Mitigation Plan'.

Each person had a care programme in place that recorded the frequency of calls required plus the tasks that needed to be completed by care workers at each visit. Some of these programmes were in more detail than others and the manager acknowledged that, although staff had more specific information, it would be advisable to include this in care programmes. We noted that care plans included information about a person's medical conditions and advice for staff on how to support the person in a way that obtained optimum outcomes.

One person told us that their care plan had been reviewed in April and that they had received additional support as a result of the review. The manager told us that the local authority organised annual reviews for the people who they commissioned a service for and that the agency organised an annual review for the people who were self funding. The manager said that some reviews were held at the person's home and some were held over the telephone. Family members were invited to attend where this was felt to be appropriate, for example, when they were the main carer.

The people that we spoke with told us that they received support from a regular group of care workers. They said that care workers usually telephoned them if they were going to be more than a couple of minutes late but that they were mostly on time. Everyone that we spoke with said that care workers always stayed for the agreed length of time. People said that they usually knew who would be attending them each day and that all of the care workers who visited were known to them.

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

We spoke to people using the services but their feedback did not relate to this standard.

Staff told us that they had undertaken training on safeguarding adults from abuse and were able to give us examples of when they had shared their concerns with the manager.

Other evidence

The provider responded appropriately to any allegation of abuse and was able to give us an example of when concerns had been expressed by staff and how they reported these concerns to the local authority safeguarding adult's team.

The survey that was distributed by the agency to people who used the service asked a question about the trustworthiness of care workers. 85% of people who completed the survey responded 'very good' and 15% responded 'good'. The survey also asked people, 'Do you feel safeguarded from harm and discrimination?' Everyone who completed a survey recorded a positive response.

The training records that we viewed on the day of our visit evidenced that all staff had undertaken training on safeguarding adults from abuse. We saw the minutes of the team meeting that was held on 29 June 2012 and these recorded that safeguarding adults refresher training was being held after the team meeting. The minutes recorded that any staff not present on that day would have to complete refresher training by the end of July 2012. The manager told us that staff also received their own copy of the

safeguarding policy.

The manager told us that the topic of whistle blowing was included in the staff training programme. All of the staff that we spoke with confirmed that they had attended refresher training and were able to tell us about the different types of abuse and about the concept of whistle blowing. They all said that they would not hesitate to inform the manager of any concerns that had come to their attention and one person said that they had done so. All staff said that they were confident the manager would deal with any safeguarding issues professionally as per the agency's policy.

The business manager was responsible for staff training and they had undertaken the Train the Trainer course on safeguarding adults from abuse. The training information that they used had been obtained from a recognised adult social care training company and this had ensured that the information used by staff was up to date.

The manager told us that a financial transaction form was used to record any financial transactions made on behalf of people who used the service. Receipts were also retained as evidence of purchases made. We did not check these on the day of our visit.

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

The people who we spoke with us told us that staff were well trained. One person said, 'Yes, they don't hesitate if they think I need a GP or ambulance' and another said, 'They all seem quick to learn'. They all said that they had never had any concerns about the staff. One person said, 'I have two regular carers and have had a relief carer. They have all been excellent'.

Staff told us that they received sufficient training and refresher training to equip them to do their job, and that they were asked regularly if they had any training needs. Staff also said that they felt well supported by the manager and other agency staff. This included attending staff meetings and supervision meetings with their manager.

Other evidence

Staff received appropriate professional development.

The manager told us that the agency considered some topics to be mandatory training for staff. These included health and safety, moving and handling, fire safety, safeguarding adults from abuse, medication, dementia care, food and hand hygiene and first aid.

We saw evidence of the induction training undertaken by new staff. This included the topics of moving and handling, fire safety, hand hygiene, medication and safeguarding adults from abuse. She told us that new care workers also 'shadowed' experienced care workers as part of their induction training. She said that the number of shadowing shifts depended on the previous experience and the confidence of the new care worker. The

manager said that staff would complete induction training and shadowing before they worked alone with people who used the service.

We viewed the current training matrix and this evidenced that all staff had completed induction and mandatory training. In addition to this, some staff had attended training recently on nutrition and end of life care and some staff had achieved National Vocational Qualification (NVQ) Level 2 in Care. We noted that the training matrix did not include the date of the most recent training undertaken by staff on each topic. The provider may wish to note that this would have provided a more thorough record of the training achievements and needs of staff.

We saw that individual staff records included a record of all training undertaken plus copies of training certificates to evidence completion of each training course.

We saw evidence of three monthly staff meetings and care workers told us that they received a copy of the minutes with their rota. Staff told us that they had a one to one meeting with their manager every three months and that they also called into the office every week to collect their rota for the following week, so they had regular opportunities to talk to the manager.

The manager told us that she 'doubled up' with care workers to assist with people who required the support of two care workers. This gave her the opportunity to monitor the practice of the staff she worked alongside. The manager did not record these contacts as 'spot checks' and we advised that this would be appropriate, as it would provide additional evidence that the competency of care workers had been observed. The manager said that she tried to do 'double up' calls with people just before their supervision meeting so that she could feedback any praise or concerns quickly.

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

People told us that they were consulted about their satisfaction with the service they received. Two of the three people that we spoke with told us that they had received a survey through the post in the last few weeks. People told us that agency staff were approachable and that they would be comfortable discussing concerns with any of them. All of the people that we spoke with said that they had never had a reason to complain.

Staff told us that they were encouraged to make suggestions and express concerns at staff meetings and at supervision meetings. They said they felt that they were 'listened to'.

Other evidence

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

We saw the questionnaire that had been sent to people who used the service earlier in 2012. There had been a 70% response rate and the provider had collated and analysed the responses. We noted that a copy of the survey results had been sent to people who used the service and that they had also been discussed at the staff meeting held in June 2012. At this meeting the provider had talked about the suggestions made by people who used the service regarding where improvements could be made.

The people that we spoke with told us that they had never needed to make a complaint

but that they would feel quite confident about contacting the office to express concerns. One person said, 'My dealings with the office have been good. I have no qualms about ringing them and am confident that they would act'. The survey undertaken by the agency in 2012 asked, 'If you ever had a concern with any issue, has it been dealt with promptly and appropriately?' 100% of respondents responded 'Yes'.

Care workers told us that the information pack provided to people who used the service included details about making a complaint. One care worker said that she had recently explained the content of the pack to a new service user. All of the staff that we spoke with said that they would try to resolve a person's concerns or complaints themselves but, if they felt that the person had grounds to express a concern or to complain, they would support them to do so.

The registered person told us that all staff had a copy of key policies and procedures in a staff handbook. They said that staff were asked to bring the staff handbook to team meetings and any policies that had been updated were replaced with the new version. This ensured that staff always had access to current information to assist them in carrying out their role.

We saw the monitoring systems that the registered person had in place to audit compliance with the essential standards of quality and safety. These were recorded in a calendar of events and included checks on policies and procedures to ensure that they were current, audits on staff training, distribution of satisfaction surveys and a review of the training programme. In addition to this, a 'best practice' folder had been used to hold information from the Care Quality Commission and social care organisations to ensure that the agency adhered to good practice guidelines and current legislation.

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

Document purpose	Review of compliance report
Author	Care Quality Commission
Audience	The general public
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