

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

HQL Domiciliary Care & Outreach Support

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Date of Inspection: 10 September 2012

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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
Assessing and monitoring the quality of service provision	✓ Met this standard
Complaints	✓ Met this standard
Requirements relating to workers	✓ Met this standard

Details about this location

Registered Provider	High Quality Lifestyles Limited
Registered Manager	Mrs. Nicola Hood
Overview of the service	High Quality Lifestyles Domiciliary Outreach (the Service) is registered as a domiciliary care agency. The service supports adults and children with learning disabilities on the autistic spectrum who may present with challenging behaviours. The service provides long term support to adults and children living within their own home and interim support to other providers to prevent service breakdown.
Type of service	Domiciliary care service
Regulated activity	Personal care

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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 10 September 2012, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with carers and / or family members, talked with staff and talked with stakeholders.

What people told us and what we found

Relatives of people told us that they were happy with the care and support that their relative was receiving and that their needs were being met in all areas. They said that the staff treated them with respect, listened to them and supported them to raise any concerns they had about the care. They told us that the service responded to their needs for their relative quickly and that staff talked to them regularly about their plan of care and any changes that may be needed.

One relative said when referring to staff "They are fantastic. They treat my boys well. They respond well to staff". Another said I have no concerns or worries they treat my son well.

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 or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

Relatives of people told us they were able to make decisions about their sons/daughters care and day to day lives and that staff sought consent. The care and support the person required was discussed with them when they first began to use the service and when any new concerns about their care arose. People said that they had discussed their support and preferred routines with staff. They received the help they needed and they were encouraged to do things for themselves.

People spoken with said the service had sought consent from the person receiving the service where possible and that all care delivered had been approved by close relatives / parents.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Each person had a person centred support plan, which had been developed with them or their representatives and documented their wishes and preferences in relation to how their care was provided, how they liked to spend their time and how they preferred to be supported.

Regular review of the plans and risk assessments, in consultation with people, meant that they were accurate and up to date. They provided guidance for members of staff, to ensure that identified current and ongoing care and support needs could be met consistently and safely.

People expressed their views and generally were involved in making decisions about their care. Records showed that when people had been assessed so that they could be confident they would get the help they needed.

The service may find it helpful to note that it has not ensured fully that systems and procedures with regard to mental health assessments under the Mental Capacity Act 2005 were in place and documented. (These assess the capacity that a person has to make decisions and ensure that any decisions made on people's behalf did not compromise their human rights and rights of choice). The manager stated she will be incorporating issues

around mental capacity within the care plans. This was ongoing and the manager has stated that these will all be complete for people using the service by the end of October.

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, treatment and support that met their needs and protected their rights.

Reasons for our judgement

Relatives told us they were able to make decisions and choices about the care and support their relative received. This was done by talking about this with them when they first began to use the service and when any issues about their care arose.

One relative said "They come out to carry out assessments at different times so they can see what things are like". Another relative said "They help with mealtimes and bathing. Help to establish a routine".

The statement of purpose showed that when the service received a referral for an individual a full care needs assessment was undertaken. This was carried out before any support was put into place. This was completed by people trained and assessed as competent to undertake this process.

Recognised methods of communication were used to gather important information to enable full involvement of the adult or child and their representatives.

The assessments were undertaken within an agreed time scale depending on the nature of the referral and the needs of the individual. Where applicable an initial assessment was obtained from the referring agencies. A package of care was then developed from the initial assessment. A further more in depth assessment was carried out once the individual has been placed with the service to check that the package of care wholly met that individual's needs.

We reviewed and discussed with the staff the care records of three people who used the service. These had sufficient detail and guidelines about the support needed to meet people's needs. They had an assessment of need, details on how to support the person and what assistance was to be provided. Detailed guidance for staff was available so that they supported people consistently with actions that achieve the desired goal. The care plans were regularly updated.

Within care plans viewed there was guidance to staff about how to provide for a person needs or wishes. This included support with personal hygiene and gaining independent living skills. The plans included what someone could and could not do for themselves. The care plans had some common themes but also particular things about the named person,

making them individual and person centred.

Assessment of risks was considered and detailed how any risk identified would be minimised for the individual and the person's home.

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

Relatives of people who use the service told us that they were happy with the way the staff provided care and support and that they believed that their relatives were safe.

They said they could talk to the staff or manager if they had any concerns. One person said "I know I can talk to the manager with any concerns and she will deal with it very quickly."

The service stated in its statement of purpose that they had policies and procedures in place that highlight the importance of safeguarding people from any form of abuse or exploitation including physical, financial, psychological, sexual abuse, neglect, discriminatory abuse or self-harm or inhuman or degrading treatment through deliberate intent, negligence or ignorance in accordance with written policies and procedures. Evidence of such policies and procedures were seen.

Staff had received training on how to keep people safe. This gave them the knowledge and the skills to do their jobs well and protect people from abuse. Training has been delivered in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguarding (safeguards to protect loss of freedom and rights). Child protection training has been provided to ensure staff have the knowledge required in protecting children.

Assessing and monitoring the quality of service provision

✓ Met this standard

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 meeting this standard.

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

Reasons for our judgement

Relatives of people who use the service told us they were happy and satisfied with the care that their relative received and felt comfortable raising any concerns or issues.

The provider took account of complaints and comments to improve the service. The manager was involved with the day to day running of the service and engaged with everyone involved with the care and support of the people who use the service. The manager had developed close working partnerships with other professionals and evidence of this was gained reviewing the care planning documentation.

Quality assurance processes such as surveys of people who use the service and relatives had been carried out at the time of writing this report. Evidence was seen of regular reviews by a senior manager to identify any shortfalls and areas for improvement.

Peoples care was reviewed regularly. Changes were made as required and this was evidenced in the individual files viewed.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

Relative of people receiving services spoken with were confident that they could raise any concerns directly with the service and felt that any comments would be addressed. They also said that a copy of the complaints procedure had been provided.

People had their comments and complaints listened to and acted on. Through discussion with the manager it was evidenced that people's wishes and needs were very much taken into account.

The manager was able to demonstrate through examples where lessons had been learnt and steps taken to improve the service and that the service strives to resolve any concerns as soon as they arose. The service had a policy and procedure in place with regard to complaints which was kept under review. The procedure had stages on how any complaint would be addressed and who to contact if the complainant wished to take matters further.

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

People spoken to who receive services were confident that staff providing support were suitably experienced and qualified. All those spoken with had positive comments about staff and had no concerns.

Appropriate checks were undertaken before staff began work. People were cared for, or supported by, suitably qualified, skilled and experienced staff. We looked at a sample of four files out of the six staff who worked within the service. All of which were seen to contain all of the information as required of the regulations. References and proof of identity were also seen along with certificates of training and contracts of employment.

Evidence was seen at the time of the site visit that all staff had a Police check. The purpose of the check is to show that someone has not done anything in the past that might make them not suitable to work with vulnerable people.

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, 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, primary medical services 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 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.

 **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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