

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

Healing Cross Healthcare

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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 ✓ Met this standard

Safeguarding people who use services from abuse ✓ Met this standard

Requirements relating to workers ✓ Met this standard

Assessing and monitoring the quality of service provision ✓ Met this standard

Details about this location

Registered Provider	Healing Cross Health Care
Registered Manager	Dr. Johnson Ogunlowo
Overview of the service	Healing Cross is a domiciliary care agency based in North London.
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 announced 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 22 February 2013, 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.

As part of our inspection we also made phone calls on 22 February and on 1 and 15 March to gather further evidence.

What people told us and what we found

People and their relatives told us that they felt kept informed about the care being provided. One relative told us "communication is good which is comforting for me to know."

One person who used the service told us, "all the carers are wonderful, they are nothing but kind and careful". Another person told us that their care worker was "a very kind person who understands and cares for me". Several of the people we spoke with had been supported by the service for more than five years and said they'd had a consistently good experience during that time. People also told us that the provider made sure there was continuity of care and that they were regularly supported by familiar faces.

People's choice and independence was supported and care staff knew people's needs and how to effectively meet those needs.

We found that people who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

We found that the provider had effective recruitment processes in place. The provider carried out appropriate checks to make sure that people were suitable to deliver care in people's homes.

We found that the provider had an effective system to monitor and assess the quality of care it provided.

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

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 views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

We spoke with three people who used the service and three relatives of people who used the service. At the time of our inspection the service was providing personal care to eleven people.

People felt involved in their care planning and people's relatives told us that they were kept informed about the care provided and that they felt communication between them and the service was good.

We found that people's preferences were supported. People's care plan records included notes on how to support people's choices including giving guidance on when to prompt people and to afford people time to complete tasks themselves. People's cultural background and preferred communication method were recorded in their care plan records including their first language.

We found that people's care plan records included information on what tasks they could and could not complete themselves. We spoke with care staff about these tasks and they demonstrated that they promoted people's independence by providing the appropriate level of support as required. This meant that people's independence was considered and promoted.

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

We spoke with three people who used the service and three relatives of people who used the service. At the time of our inspection the service was providing personal care to eleven people. All of the people we spoke with told us that they or their relative received continuity of care and that their care was regularly provided by care staff that they knew. This meant that care staff could develop an understanding of people's needs and that they would be able to identify any changing needs that people had.

We spoke with care staff. We found that they had a good understanding of people's care needs including people's mobility and personal care needs and care staff knew the guidance that was provided in people's care plan records.

We saw that initial assessments were completed when the service began to care for people and that people's home environments had been risk assessed to protect people who used the service and care staff prior to delivering any care. Individual risk assessments were carried out and risks were identified and planned for. This meant that people were protected from any risks.

The provider recorded people's medical histories and any involvement with other health professionals to make sure they were able to assess any impact their changing health may have on the delivery of care.

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 and their relatives told us that they had good relationships with their care workers. Several of the people we spoke with had been supported by the service for over five years and one person told us that they'd had the same care worker for approximately seven years. One person told us that care workers were kind and careful and a relative of one person told us that their relative's care worker had called an ambulance recently when their relative had fallen. This meant that this person's care worker had taken appropriate steps to make sure this person was not at risk after their fall.

We found that the provider had processes in place to make sure that if abuse was identified, it was reported appropriately. We spoke with care staff who demonstrated that they would act appropriately and report any concerns they had that abuse may have been or was taking place.

We found that the provider had refused to accept referrals when they did not think that they were able to safely meet a person's needs without equipment that was not available at the time.

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 provider had a robust recruitment process in place.

We found that the provider made sure that they made appropriate checks to make sure that people were suitable to deliver care in people's homes. We found that they had obtained appropriate references, proof of identification, proof of people's eligibility to work in the United Kingdom, an initial criminal records disclosure and certificates to demonstrate what qualifications people had and what training they had attended. All these checks were carried out before prospective staff began working for the service.

People's experience and previous training were assessed at recruitment stage. We found that care staff who were successful in their application were booked to attend training where gaps had been identified before they began delivering care. This meant that people who used the service were cared for by people who were trained to meet their needs.

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

We found that the provider carried out spot checks, routine checks and supervisions to assess the quality of care provided. These checks involved making sure that care staff arrived in time for calls, read through people's care plans, communicated well with people, supported people's independence and delivered care as planned. We found that these checks had consistently happened for all staff and people who used the service. Part of the process for the routine checks and supervisions involved visiting the person's home and asking for their feedback on the quality of care provided. This meant that the provider could identify and implement any improvements to care quality.

We found that where risks were identified in people's care plan records, actions had been identified and it was recorded when those actions had been completed to manage any risks. This meant that the provider made sure that any actions identified were implemented as necessary.

We found that the provider made sure that any equipment used in people's homes was regularly checked and that the date the next check was due was recorded in people's care plans. This meant that people's safety was protected as equipment was suitably maintained.

The provider carried out regular surveys of people who used the service and staff and held regular staff meetings. Having these things in place meant that the provider regularly monitored care quality. We found that the service had received positive feedback from people who used the service after the last survey was carried out.

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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