

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

Brown Clew Domiciliary Care Agency

Reaside, Neenton, Bridgnorth, WV16 6RL

Tel: 01746787684

Date of Inspection: 19 April 2013

Date of Publication: May 2013

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

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

Details about this location

Registered Provider	Mrs Dyanne Elizabeth Bryan
Overview of the service	Brown Clee care agency provides personal care and support to older people living in their own homes.
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 19 April 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 shared positive experiences of the care and support they received. Comments included, "I have no complaints and I am very well looked after by very friendly staff". "It's a pleasure to have the staff in my home and I feel quite safe".

People considered they had the same staff to meet their current needs which they liked. They said, "We know who is coming and are never left waiting for them to arrive". People considered staff were well trained to do their job.

People told us they were regularly asked if their service was satisfactory. They confirmed formal surveys were in place to gain their views about their care or how the service was run.

The provider acknowledged the need to audit the service more robustly. However, the systems in place enabled them to identify problems swiftly and act upon them to keep people safe at all times.

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

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 would be cared for and supported by suitable staff.

Reasons for our judgement

Recruitment checks were carried out and records kept.

The provider explained the recruitment and selection procedures in place at the agency. We were shown two staff files regarding recruitment. Staff had been employed and started their induction. This was after the provider had received the required check that confirmed the staff members were not barred from working in the care sector. Both files had a record of satisfactory evidence of conduct in previous employment where it was concerned with health or social care. Certificates were on file to show that staff had the qualifications and skills and experience necessary for the work to be performed.

Staff we spoke with confirmed that checks that had been carried out prior to them starting out on their own. They considered their recruitment process had been thorough.

This meant that people had their needs met by staff that were fit and able to carry out their role. However, the provider might wish to note that a risk assessment had not been conducted regarding the need for staff to have immunisations. This would ensure the safety of staff and people who used the service against relevant infections.

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 skilled and experienced staff to meet people's needs.

Reasons for our judgement

People told us the same staff came to them and knew their needs

The provider discussed how they carried out a needs analysis and risk assessment as the basis for deciding sufficient staffing levels when taking on new care packages. We were told the intention would be to increase the staff numbers or decline to take on a new client.

Staff told us they had always been clear about their roles and responsibilities.

We were shown copies of the staff to client rota. This recorded which staff were to attend a person over a week's visits. We saw that the same names appeared on the rotas providing continuity for the person. It was clear that sufficient staff with the right qualifications and skills were on duty at any time to manage the service and to support people. People had commented, "Grateful for the weekly list of times my carers come the week before".

Where deficits were identified, for example in an emergency, the provider stated that another care worker would be allocated ensuring that no one waited more than 15minutes for a carer to arrive. People we spoke to confirmed this happened in practice.

People told us that staff seemed to be well trained. Staff files we looked at confirmed a range of training had been provided for staff. This meant that people were supported by staff that had sufficient knowledge and skills.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

Staff were appropriately supported to enable them deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staff received appropriate professional development.

People we spoke with said staff always arrived on time and were very pleasant. One person said, "We always have the same faces and they are so cheerful and helpful". We were told the provider always asked if everything was alright.

The provider told us and showed us the training that staff had received. We saw certificates on staff files that showed the courses they had participated in. We saw documents relating to the supervision arrangements in place. Staff we spoke with said the quality of training provided was very good. They felt it enabled them to do their jobs well. Staff had the opportunity to complete a questionnaire to give their thoughts about the agency. This meant that staff were able to air their views about their job.

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 systems to regularly assess and monitor the quality of service that people received.

Reasons for our judgement

People said they were asked for their views about their care and treatment and they were acted on. People told us that the provider regularly telephoned them to check if their service was satisfactory. We saw that questionnaires had been sent to people each year to ask their views about the agency and the care they received. People confirmed they had completed a survey each year.

Staff told us they had regular meetings to discuss people's views of the service. They also discussed how they could make improvements to meet people's needs in the way that they preferred. This meant that people's views were listened to. The provider might wish to note that the outcomes of surveys had not been collated or fed back to people who used the service.

Risk assessments regarding staff roles and tasks had been conducted. Staff had signed to state they had read and understood these. This meant the provider ensured that people were protected from foreseeable risk and were as safe as possible.

The provider had a complaints procedure. People we spoke with said they had no reason to complain would but speak to a member of staff if they were worried about anything.

The provider might wish to note that they could not demonstrate that regular internal audits of the agency had been conducted.

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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