

# Review of compliance

Nestor Primecare Services Limited SAGA Homecare Long Crendon	
<b>Region:</b>	South East
<b>Location address:</b>	Crendon House Drakes Drive Long Crendon Buckinghamshire HP18 9BB
<b>Type of service:</b>	Domiciliary care service
<b>Date of Publication:</b>	January 2012
<b>Overview of the service:</b>	SAGA Homecare Long Crendon is owned by Nestor Primecare Services Limited and is registered with the Care Quality Commission to provide personal care. The agency provides domiciliary care to people in their own homes with a range of support needs.

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

## Our current overall judgement

**SAGA Homecare Long Crendon was meeting all the essential standards of quality and safety but, to maintain this, we have suggested that some improvements are made.**

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, checked the provider's records, looked at records of people who use services, talked to staff and talked to people who use services.

### What people told us

People said that they were happy with the care they were receiving from the agency. They said that before the agency started to provide them with a service, someone from the agency visited them to discuss the level of support they required.

People told us that they had a care plan which they were involved in developing. They said that they signed it to confirm their agreement.

People described staff as respectful, caring and very good. They said that they felt safe with staff looking after them.

People said that staff wore gloves and aprons when assisting them with personal care.

People told us that they knew whom to speak to if they had to make a complaint.

### What we found about the standards we reviewed and how well SAGA Homecare Long Crendon was meeting them

#### Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

The agency has processes in place to review people's care needs. However, these were not followed consistently.

Overall, we found that SAGA Homecare Long Crendon was meeting this standard but, to

maintain this we suggested that some improvements were made.

**Outcome 07: People should be protected from abuse and staff should respect their human rights**

Staff were aware of their responsibility for maintaining the safety of people and were knowledgeable on safeguarding matters.

Overall, we found that SAGA Homecare Long Crendon was meeting this essential standard.

**Outcome 08: People should be cared for in a clean environment and protected from the risk of infection**

Staff had been provided with infection control training and were aware of their responsibility to protect people from the risk of infection.

Overall, we found that SAGA Homecare Long Crendon was meeting this essential standard.

**Outcome 09: People should be given the medicines they need when they need them, and in a safe way**

Staff had been trained in the safe handling of medicines. However, weaknesses identified in the recording of medicines could put people at risk.

Overall, we found that SAGA Homecare Long Crendon was meeting this standard but, to maintain this we suggested that some improvements were made.

**Outcome 12: People should be cared for by staff who are properly qualified and able to do their job**

The agency has an effective recruitment system in place to ensure that people were looked after by staff who were fit and appropriately qualified to do their job.

Overall we found that SAGA Homecare Long Crendon was meeting this essential standard.

**Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

The agency ensured that staff received training and support to care for people. Staff had regular supervision and appraisals to support them in their role.

Overall, we found that SAGA Homecare Long Crendon was meeting this essential standard.

**Outcome 17: People should have their complaints listened to and acted on properly**

Although people were aware of how to make a complaint, the complaints record was not

consistently maintained. Therefore, people could not be assured that their complaints would be fully investigated.

Overall, we found that SAGA Homecare Long Crendon was meeting this essential standard but, to maintain this we suggested that some improvements were made.

### **Actions we have asked the service to take**

We have asked the provider to send us a report within 14 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

### **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.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

## 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

There are minor concerns with Outcome 04: Care and welfare of people who use services

#### Our findings

##### What people who use the service experienced and told us

People said that they were happy with the care they were receiving from the agency staff. They described staff as respectful, caring and very good.

People told us that before the agency started to provide them with a service someone from the agency visited them. This was to discuss the level of support they required. They said that they were given information about the agency in the form of a booklet.

People said that they had a care plan which they were involved in developing and had signed to confirm their agreement with the plan.

##### Other evidence

The manager said that the agency carried out an assessment of people's needs prior to providing a service. Information obtained from the needs assessment was used to develop the care plan.

The manager said that referrals to the agency were usually from Social Services and people who paid for their own care.

In some of the care plans that we looked at we saw referral forms from Social Services had been completed. These outlined the level of support that people needed help with and the agreed frequency and time to complete the activity.

We looked at three care plan documents each of which contained the following information: client file check list, client profile, completed needs assessment, risk

assessments relating to moving and handling and the environment, completed sheet detailing the level of day to day care staff would be providing. We also saw a completed contract outlining the level of support to be provided. This was signed by the person receiving care.

The manager said that the care plans and risk assessments were reviewed annually or as and when required. We noted in one care plan which had been reviewed in October 2011 that the outcome of the review had not been recorded on the review sheet. The person using the service had requested specific times to be supported by staff with a particular weekly activity. There was no written information to confirm that their request had been agreed or considered.

We also noted that the review sheet had not been fully completed. For example, the signature of the staff member carrying out the review was not recorded. The section detailing the date for the next planned review was not completed.

In a second care plan we looked at we noted that the review sheet was also incomplete. For example, the date the review took place was not recorded. There was no written information recorded to reflect whether there were any identified changes to the person's care needs.

### **Our judgement**

The agency has processes in place to review people's care needs. However, these were not followed consistently.

Overall, we found that SAGA Homecare Long Crendon was meeting this standard but, to maintain this we suggested that some improvements were made.

## 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

People told us that they felt safe and comfortable with staff looking after them. They described their relationships with staff as good.

##### Other evidence

The manager said that the agency had a safeguarding policy which was in line with the local County Council safeguarding policy. She said that safeguarding was taken seriously.

We saw that the agency had copies of Oxfordshire County Council and Buckinghamshire County Council safeguarding policies in the office.

We noted that there had been two safeguarding concerns about the agency and these had been investigated by the safeguarding authority.

The manager said that since then the agency's procedures had been reviewed to prevent the risk of the incident occurring. Some staff had been provided with further training in the safeguarding of vulnerable people.

The staff we spoke with said that they had been provided with safeguarding training. They demonstrated a good understanding of safeguarding people from abuse. They were able to describe how they would identify, report and respond to suspected or actual abuse.

Staff said that the agency had a whistleblowing procedure. Some staff spoken with said that they had reported incidents under the whistleblowing procedure and had been

supported by the manager.

**Our judgement**

Staff were aware of their responsibility for maintaining the safety of people and were knowledgeable on safeguarding matters.

Overall, we found that SAGA Homecare Long Crendon was meeting this essential standard.

## Outcome 08: Cleanliness and infection control

### What the outcome says

Providers of services comply with the requirements of regulation 12, with regard to the Code of Practice for health and adult social care on the prevention and control of infections and related guidance.

### What we found

#### Our judgement

The provider is compliant with Outcome 08: Cleanliness and infection control

#### Our findings

##### What people who use the service experienced and told us

People told us that the staff wore gloves and aprons when assisting them with personal care and carried antiseptic hand gel with them which they used regularly to clean their hands.

##### Other evidence

The manager said that the agency had an infection control policy which was in line with the Health and Social Care Act 2008 Code of Practice on infection control and other related guidance.

The staff we spoke with said that they had been provided with infection control training. The training record we looked at confirmed this.

Staff said that they were aware of their responsibility to ensure that clinical waste was disposed of appropriately.

The manager confirmed that the organisation had appointed an infection control lead person.

##### Our judgement

Staff had been provided with infection control training and were aware of their responsibility to protect people from the risk of infection.

Overall, we found that SAGA Homecare Long Crendon was meeting this essential standard.

## Outcome 09: Management of medicines

### What the outcome says

This is what people who use services should expect.

People who use services:

- \* Will have their medicines at the times they need them, and in a safe way.
- \* Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

### What we found

#### Our judgement

There are minor concerns with Outcome 09: Management of medicines

#### Our findings

##### What people who use the service experienced and told us

The people that we spoke with said that staff did not assist them with their medication. However, family members did.

##### Other evidence

The manager said that the agency had a medication policy. She told us only staff who had been trained in the safe handling of medicines were allowed to assist people with their medicines.

We looked at a sample of medication administration record (MAR) sheets that had been archived. We saw that the sheets had not been appropriately maintained. For example, on one sheet the person's name was not recorded and there was no date recorded. On a second sheet entries had been scribbled out.

We noted on some MAR sheets we looked at the name of the prescribed medication had not been recorded. The manager said that this was because the medicines were dispensed in blister packs by the chemist. As staff were not medically trained they were signing for the number of tablets that had been dispensed in the packets by the chemist. For example, seven tablets in the morning and three at lunch time. This practice was not in line with the Royal Pharmaceutical Society of Great Britain guidelines. It was also not in line with the organisation policy that had recently been reviewed.

**Our judgement**

Staff had been trained in the safe handling of medicines. However, weaknesses identified in the recording of medicines could put people at risk.

Overall, we found that SAGA Homecare Long Crendon was meeting this standard but, to maintain this we suggested that some improvements were made.

## Outcome 12: Requirements relating to 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 staff who are fit, appropriately qualified and are physically and mentally able to do their job.

### What we found

#### Our judgement

The provider is compliant with Outcome 12: Requirements relating to workers

#### Our findings

##### What people who use the service experienced and told us

People said that staff were kind and respected their privacy and dignity.

##### Other evidence

We randomly reviewed a number of staff files and found that the agency followed the correct recruitment procedures. References, proof of identity, Criminal record bureau clearances (CRB) and Independent Safeguarding Authority (ISA) first checks were obtained.

Job descriptions were provided for staff to ensure each member of staff was clear about their role and responsibility.

Staff spoken with were knowledgeable about their recruitment process prior to them starting their job, what their job entailed and to whom they were accountable.

##### Our judgement

The agency has an effective recruitment system in place to ensure that people were looked after by staff who were fit and appropriately qualified to do their job.

Overall we found that SAGA Homecare Long Crendon was meeting this essential standard.

## Outcome 14: Supporting staff

### 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 staff

#### Our findings

##### What people who use the service experienced and told us

People said that they were not sure about the training of the staff. However, staff spoke to them and family members in a kind and respectful manner.

##### Other evidence

Staff told us that they were provided with induction training and regular updated training to keep their knowledge and skills up to date. The training records seen reflected that staff had been provided with updated training in the following topics: moving and handling, health and safety, infection control, first aid, fire awareness, food hygiene, safe handling of medicines, safeguarding of vulnerable adults, dementia awareness, mental capacity act 2005 and equality and diversity.

We noted that some staff had achieved national vocational qualification (NVQ) at level 2 and were working towards achieving level 3.

Staff told us that they received regular one to one supervision and a yearly appraisal. They said that they were able to talk through any issues about the people they provided care and support to with the manager.

Supervision and appraisal records made available to us during our visit reflected that staff were receiving regular one to one supervision and yearly appraisals.

##### Our judgement

The agency ensured that staff received training and support to care for people. Staff had regular supervision and appraisals to support them in their role.

Overall, we found that SAGA Homecare Long Crendon was meeting this essential standard.

# Outcome 17: Complaints

## What the outcome says

This is what people should expect.

People who use services or others acting on their behalf:

- \* Are sure that their comments and complaints are listened to and acted on effectively.
- \* Know that they will not be discriminated against for making a complaint.

## What we found

### Our judgement

There are minor concerns with Outcome 17: Complaints

### Our findings

#### What people who use the service experienced and told us

People said that they knew whom to speak to if they had to make a complaint. One person said that they had raised a concern and the manager dealt with it appropriately.

#### Other evidence

The agency's policy outlined a straight forward process of making a complaint to the manager to begin with. It described how a complaint may be referred to a senior manager from the organisation.

The policy included reference to a person's right to complain to the local authority adult care service, and then, if still dissatisfied, to the local government ombudsman.

We looked at the agency's record of complaints. We saw that the complaints folder contained brief information about complaints received.

In March 2011 the Commission referred a complaint to the agency to be investigated. There was no record relating to the outcome of the investigation. Correspondence relating to the complaint was not in the complaints folder. The manager was not aware where the record was relating to this complaint and she was not aware of the outcome of the complaint.

#### Our judgement

Although people were aware of how to make a complaint, the complaints record was not consistently maintained. Therefore, people could not be assured that their complaints would be fully investigated.

Overall, we found that SAGA Homecare Long Crendon was meeting this essential standard but, to maintain this we suggested that some improvements were made.

## Action

we have asked the provider to take

### Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

Regulated activity	Regulation	Outcome
Personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	<b>Why we have concerns:</b> The agency has processes in place to review people's care needs. However, these were not followed consistently.	
Personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 09: Management of medicines
	<b>Why we have concerns:</b> Staff had been trained in the safe handling of medicines. However, weaknesses identified in the recording of medicines could put people at risk.	
Personal care	Regulation 19 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 17: Complaints
	<b>Why we have concerns:</b> Although people were aware of how to make a complaint, the complaints record was not consistently maintained. Therefore, people could not be assured that their complaints would be fully investigated.	

The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 14 days of the date that the final review of compliance report is sent to them.

CQC should be informed in writing when these improvement actions are complete.

# 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.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

**Improvement actions:** These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

**Compliance actions:** These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, 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

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## Care Quality Commission

<b>Website</b>	<a href="http://www.cqc.org.uk">www.cqc.org.uk</a>
<b>Telephone</b>	03000 616161
<b>Email address</b>	<a href="mailto:enquiries@cqc.org.uk">enquiries@cqc.org.uk</a>
<b>Postal address</b>	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA