

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

SAGA Homecare Brent

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Tel: 02087331421

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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
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✗ Action needed

Details about this location

Registered Provider	Nestor Primecare Services Limited
Registered Manager	Miss Jacqueline Smith
Overview of the service	SAGA Homecare Brent is registered to provide Personal Care services to people in their own homes. The services they provide include personal care, housework and assistance with medication.
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, reviewed information sent to us by other organisations, carried out a visit on 29 January 2013 and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

We spoke with seven people who use the service by phone. They informed us that they had been treated with respect and dignity. Their views can be summarised by the following comment, "I have good carers. They are reliable and they do a good job. I have no complaints."

Care staff we spoke with were aware of the importance of treating people with respect and dignity. They said they had been informed of that during their training. The care of people had been assessed and care plans were signed by people or their representatives. People said they had been consulted regarding the care provided.

People we spoke with indicated that care staff were reliable and competent. There were arrangements for staff support and staff stated that their managers were helpful and approachable. Appropriate training had been provided.

Arrangements for quality assurance were in place. Monitoring visits to people's homes and spot checks on staff had been carried out by the agency. We however, noted that there was no action plan or evidence of follow-up to address concerns identified by people in the last customer survey carried out in 2011 and some reviews of care had not been carried out.

You can see our judgements on the front page of this report.

What we have told the provider to do

We have asked the provider to send us a report by 12 March 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service

(and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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 privacy, dignity and independence were respected. Their 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 seven people who use the service by phone. They informed us that they had been treated with respect and dignity. Their views can be summarised by the following comment, "My carer is respectful and very good. I am happy with them."

Care staff we spoke with were aware of the importance of treating people with respect and dignity. They said they had been informed during their training and at staff meetings to treat all people with respect. The agency had a policy for ensuring equality and valuing diversity. The Operational Support Manager informed us that many of the care staff came from the same cultural background as people who use the service and were therefore able to understand their cultural needs.

People who use the service indicated that the agency had consulted with them and were aware of their preferences and needs. Care documentation contained information regarding the choices and routines of people.

The agency had a service user guide and people had signed to indicate they were provided with a resource pack. This was also confirmed by people. They said they knew who to contact if they wished to discuss their care or if they had any concerns. In addition, the agency had a newsletter which provided information on care issues and updates on the management of the agency.

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

The feedback we received from people indicated that their agreed care package had been provided and people were satisfied with their care staff.

We looked at a sample of four care records of people. These were structured and contained appropriate assessments and plans of care with details of the routines and preferences of people who use the service. Care plans had been signed by people or their representatives in agreement with these. Risk assessments included guidance for minimising risks such as those associated with falls and medication. The care records we saw contained reviews of care carried out with people.

The agency had a list of people who were at high risk if their carer did not turn up. There were monitoring staff specifically responsible for checking that care staff turned up on time. Staff we spoke to informed us that there were few incidents when care staff did not turn up on time. When this happened, they said they would ring care staff and people to check on the situation.

Care staff we spoke with stated that they usually had sufficient travel time in between visits. One care staff informed us that on some occasions, their calls were late due to unforeseeable circumstances or incidents.

The provider may wish to note that a healthcare professional who visited a person informed us that the person's care plan had not been updated within the past two years. We noted that a senior staff stated that they could not find an updated care plan for this person. The Operational Support Manager indicated she would investigate the matter and ensured that it was updated.

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 use the service indicated to us that care staff treated them well and they had no concerns. They were aware that if they were unhappy about their care they could speak to the manager or senior staff.

The Operational Support Manager stated that staff had received training in safeguarding people. Staff could provide us with examples of what constituted abuse and were aware of action to take when responding to allegations or incidents of abuse. They knew allegations should be reported to the local authority safeguarding team.

The agency had a safeguarding policy. The provider may wish to note that this policy had not been updated to reflect recent changes and the role of the Disclosure and Barring Service (DBS). In addition, there was no procedure or flow chart of action to be taken following an allegation of abuse. This is necessary to ensure that staff are fully informed. The Operational Support Manager stated that it would be updated.

The agency did not have a copy of the London guidance document "Protecting Adults at Risk: London Multi-Agency Policy and Procedure to Safeguard Adults from Abuse". The Operational Support Manager promptly obtained a copy of this soon after. This is needed to ensure that staff are informed of recent safeguarding guidance.

Two safeguarding concerns had been reported to the local authority safeguarding team in the last twelve months. However, the Care Quality Commission had not been notified. The Operational Support Manager apologised for the oversight and informed us that in future safeguarding concerns would be promptly submitted to us.

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.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

People we spoke with indicated that care staff were reliable and competent. Their views can be summarised by the following comment, "I am very satisfied and find the staff to be very good, very reliable and very helpful."

We spoke with seven staff. They informed us that staff meetings had been held and they had been informed of changes affecting the agency and the care of people. The minutes of staff meetings were seen by us. Staff informed us that they had been provided with supervision and support by their managers or allocated senior staff. This was evidenced in the records we examined. We were informed by the Operational Support Manager that some staff supervision sessions had been delayed as staff had been very busy over the Christmas period and as a result of the recent severe weather. However, we noted that in the minutes of a recent staff meeting that Operational Support Manager had instructed her staff to ensure that supervision sessions were done.

Staff we spoke with informed us that they had been provided with essential training which included Moving and Handling, Food Hygiene and Safeguarding People. We discussed moving and handling training with the Operational Support Manager and the agency's trainer. They informed us that all care staff had been provided with appropriate training and updates had also been arranged. This was confirmed by staff and records examined.

Assessing and monitoring the quality of service provision

✕ Action needed

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 not meeting this standard.

The provider did not have effective operation of systems to regularly assess and monitor the quality of service that people receive. This means that people are not protected against the risks of inappropriate or unsafe care. (Regulation 10(1)(a))

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

People we spoke with informed us that they were happy with the quality of care provided and they had no complaints regarding the care provided. They stated that senior staff from the agency had spoken with them and they were able to express their views regarding the services provided.

We saw evidence of spot checks on staff and reviews of care carried out in the care records and staff records examined. People and staff confirmed that these took place. We noted that that some reviews had not been carried out in accordance with the agency's policy of six monthly reviews. The list of reviews of people's care carried out and reviews pending showed that there was a significant number of reviews not carried out within the six month period. Senior staff explained that they had been busy and had not had time to complete these.

We noted that a consumer satisfaction survey had been carried out in 2011 and a report had been prepared. This report indicated that people were generally satisfied with the services provided. However some people expressed dissatisfaction in a number of areas. Some people mentioned that communication was poor, staff did not return their phone calls although they said they would, some were not told how to make a complaint, others mentioned that staff some staff were rude. We noted that some people had complained of poor communication. We noted that this continued to be a problem as there was a complaint from a relative in the complaints book indicating difficulty contacting people at the office even with repeated phone calls. A healthcare professional informed us that staff did not always respond to request for information or phone back even when they said they would. We further noted that senior agency staff did not promptly respond to our request to provide information. The Operational Support Manager apologised for this delay and provided the information requested. We asked if there was an action plan in response to the concerns expressed and evidence that the action plan had been monitored. The Operational Support Manager informed us that she could not find any action plan developed from the survey. This mean't that the service delivery had not been adjusted to

address the concerns raised.

This section is primarily information for the provider

✕ **Action we have told the provider to take**

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision How the regulation was not being met: The provider did not have effective operation of systems to regularly assess and monitor the quality of service that people receive. This means that people are not protected against the risks of inappropriate or unsafe care. (Regulation 10(1)(a))

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 by 12 March 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

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.

Contact us

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