

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

Grangefield Homecare

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, NN6 0HE

Tel: 01604812580

Date of Inspection: 08 May 2013

Date of Publication: May
2013

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

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

Complaints ✓ Met this standard

Details about this location

Registered Provider	Mr Nikul Odedra
Registered Manager	Mr. Peter Daniels
Overview of the service	Grangefield Homecare provide personal care for people in their own homes.
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 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 8 May 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 staff.

What people told us and what we found

We spoke with three people that used the service. They all told us that they were very happy with the service that they received. One person told us "I couldn't manage without them". Another person told us "I'm satisfied with everything that they do".

We spoke with a staff member who worked at the service. They told us "We keep people as independent as possible and enable them to stay in their own homes".

We saw that people were involved in a meeting when they started to use the service to discuss their needs and identify a plan of care to ensure that their needs were met.

We found that people's care records were regularly reviewed to ensure that they continued to meet people's needs.

People told us that they are aware of the complaints procedure and they had a copy of it at their home.

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 privacy, dignity and independence were respected. 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

People expressed their views and were involved in making decisions about their care and treatment. We spoke with three people that used the service they told us that when they first started to use the service they had a meeting with the care manager to discuss their needs. People told us that they were able to choose what time they received their visits.

People were supported in promoting their independence and community involvement. One person that used the service told us that without the support that of the service provided they would not be able to stay in their own home. We spoke with a staff member who told us about ways that they supported people to be as independent as possible. This meant that people were being supported by staff that had a good understanding of how to promote people's independence.

People's diversity, values and human rights were respected. People that used the service told us that staff were all polite and respected their privacy and dignity. People told us that they were always informed if staff were running late and how staff always knocked and waited for a response before entering their home.

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

During our inspection of 8 May 2013 we found that people's needs were assessed and a care plan was then put in place to ensure that their needs were met. We saw that the time of day that people had their calls was recorded along with the length of time that the staff would be there for. We saw that there were details in people's care plans of how their needs were to be met during each visit. We found that care records were evaluated and reviewed on a monthly basis to ensure that they were up to date and reflected the care that was being delivered.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We saw risk assessments were carried out and they were reviewed each month to ensure that they continued to protect people's safety and welfare. Staff told us that they were always provided with enough information about people that used the service and their needs to enable them to carry out their role.

There were arrangements in place to deal with foreseeable emergencies. We saw that there was an on call system in place to support staff while they were working and ensure that people that used the service were made aware of any changes to their planned care. People who used the service told us that they were always contacted if there were any changes to their care or if staff were running late. People also told us that if they wanted additional care provided they were able to request it and that it was accommodated.

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. The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

During our inspection 8 October 2012 we found that people were asked for their views but that they were not acted on.

During our inspection on 8 May 2013 we found that people who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. We saw that customer satisfaction questionnaires were sent out every six months to people that used the service and their relatives. We saw that where an issue had been identified from the customer satisfaction survey that it had been addressed and responded to by the manager. People told us that staff always asked them if there was anything else that they could do for them.

The provider took account of complaints and comments to improve the service. We found that where an improvement for the service had been suggested by members of staff the provider had taken action and implemented the idea.

Decisions about care and treatment were made by the appropriate staff at the appropriate level. We saw that the homecare manager carried out an initial meeting and assessment for people that wanted to use the service. We saw that the homecare manager had the responsibility of reviewing people's care records monthly to ensure that they were all kept up to date. This meant that there was a system in place to ensure that people's care records were regularly monitored.

We saw that the provider held meetings with staff members and relatives of people that used the service on a quarterly basis throughout the year to ensure that were given the opportunity to provide feedback about the service and be kept informed of changes within the service. We also saw that the manager had produced a newsletter to keep people informed.

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

People were made aware of the complaints system. We spoke with people that used the service who told us that they were aware that there was a complaints policy and that they had a copy of it at their home with other information that they had about the service.

People were given support by the provider to make a comment or complaint where they needed assistance. People told us that if they had any concerns or complaints about the service that they would be happy to raise them with the staff. They said that staff always asked if there was anything else that they could do and they felt assured that they would get the necessary assistance to make a complaint should they need to.

We spoke with a staff member who had a good understanding of the complaints procedure and was aware of how to escalate a complaint should they need to.

We looked at the provider's policy about complaints. It contained information of how complaints would be investigated and provided people with details of timescales in which there complaint would be addressed. The provider might like to note that the policy did not contain all of the relevant details of where people could take their complaint to if they were not satisfied with the provider's response.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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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