

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

## Take 4 Personnel Limited

51 Lodge Lane, Grays, RM17 5RZ

Tel: 01375391337

Date of Inspection: 31 January 2014

Date of Publication: February 2014

We inspected the following standards to check that action had been taken to meet them. This is what we found:

<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Management of medicines</b>	✓	Met this standard
<b>Supporting workers</b>	✓	Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓	Met this standard

## Details about this location

Registered Provider	Take 4 Personnel Limited
Registered Manager	Mrs. Jane Lione
Overview of the service	Take 4 Personnel provide the regulated activity of personal care to people in their own home, whether they are funded by the local authority or through a direct payment scheme. This includes children, adults and older people, people with dementia, people who are terminally ill, people with a sensory impairment, people with a learning disability and people with a physical disability. The agency also provides a 24 hour live-in care service.
Type of service	Domiciliary care service
Regulated activity	Personal care

## Contents

*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'.*

	Page
<hr/>	
<b>Summary of this inspection:</b>	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
<hr/>	
<b>Our judgements for each standard inspected:</b>	
Care and welfare of people who use services	6
Management of medicines	7
Supporting workers	8
Assessing and monitoring the quality of service provision	9
<hr/>	
<b>About CQC Inspections</b>	<b>10</b>
<hr/>	
<b>How we define our judgements</b>	<b>11</b>
<hr/>	
<b>Glossary of terms we use in this report</b>	<b>13</b>
<hr/>	
<b>Contact us</b>	<b>15</b>

## Summary of this inspection

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### Why we carried out this inspection

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We carried out this inspection to check whether Take 4 Personnel Limited had taken action to meet the following essential standards:

- Care and welfare of people who use services
- Management of medicines
- Supporting workers
- Assessing and monitoring the quality of service provision

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 31 January 2014, checked how people were cared for at each stage of their treatment and care and reviewed information given to us by the provider.

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### What people told us and what we found

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The purpose of this inspection was to check that previous identified concerns were now compliant with regulatory requirements.

As part of this inspection we visited the Take 4 Personnel Limited office. We spoke with the registered provider, office manager and homecare manager.

We found that improvements had been made since our last inspection in August 2013 and September 2013 to ensure that each person who used the service had a support plan in place. Records clearly detailed the specific level of support required by each person who used the service. Medication records were seen to be robust and there was evidence to show that staff had received medication training. In addition, we found that an appropriate system was now in place to ensure that staff received induction and regular supervision. Improvements were also noted in relation to how the provider assessed and monitored the quality of the service. This related to regular spot checks of staff being undertaken by the management team of the service.

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

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://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

### Care and welfare of people who use services

✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

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### Our judgement

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The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

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### Reasons for our judgement

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At our last inspection of the service in August 2013 and September 2013, we had minor concerns about the provider's arrangements for ensuring that people's care and treatment needs were met. The provider sent us an action plan in November 2013 telling us what corrective action they had taken following our inspection and what they would do to achieve compliance.

The support plans for ten out of 40 people who received support from the domiciliary care agency were viewed. Records showed that support plans were developed after an initial assessment had been completed and prior to the start of a service being agreed.

Records viewed showed that support plans covered all aspects of a person's individual circumstances. This included the level of support required, the number of staff required to provide support at each visit, the length of time for each visit and the duties and tasks to be undertaken. Records also showed that assessments relating to health and safety (environment) and medication were completed. The provider may find it useful to note that manual handling assessments were not routinely completed. We discussed this with the homecare manager and they advised that a manual handling assessment was completed for people who lived on their own. This means that staff may not have all of the information necessary about a person's manual handling needs. The homecare manager provided assurance that a manual handling assessment would be completed for each person, particularly where a person had poor mobility and/or required manual handling equipment.

Where there was a change to a person's circumstances, records showed that the support plan was reviewed and updated to reflect the new information. The provider may find it useful to note that the reviews tended to solely make reference to people's mobility needs and not all aspects of support required. This was discussed with the homecare manager at the time of our inspection. We were given assurance that improvements to this area would be undertaken.

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

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## **Our judgement**

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The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

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## **Reasons for our judgement**

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At our last inspection of the service in August 2013 and September 2013, we had minor concerns about the provider's arrangements for ensuring that people were protected against the risks associated with the management of medicines. The provider sent us an action plan in November 2013 telling us what corrective action they had taken following our inspection and what they would do to achieve compliance.

During our inspection on 31 January 2014, we looked at the provider's systems for the safe management of medicines. As part of the inspection process we reviewed people's support plans. The Medication Administration Records (MAR) for three people were forwarded to us following our inspection. We found that the majority of people who were being cared for in their own home had their medication managed by a member of their family or required prompting and/or actual administration by staff to take their medicines. The care file for each person showed that a support plan had been completed and this recorded information relating to the person's ability to look after their medicines or if care staff and those acting on their behalf were responsible for giving them.

The support plans for 10 people who used the service were reviewed. These showed that each person had a completed medication assessment. This recorded information relating to the person's ability to look after and take some or all of their medicines, if those acting on their behalf were responsible for the administration of their medication, or if support staff were responsible for giving them.

The MAR forms for three people were viewed. We found that appropriate systems were in place to record when medicines were given to people and there were no discrepancies with the records.

A copy of the provider's updated medication policy and procedure was viewed and this was found to be comprehensive. The staff training records for eight members of staff were viewed and these showed that each person had received medication training.

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

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## **Our judgement**

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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.

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## **Reasons for our judgement**

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At our last inspection of the service in August 2013 and September 2013, we had minor concerns about the provider's arrangements for ensuring that staff employed by Take 4 Personnel Limited had received an induction and regular supervision. The provider sent us an action plan in November 2013 telling us what corrective action they had taken following our inspection and what they would do to achieve compliance.

The supervision records for eight members of staff were viewed and these showed that most staff had received at least one office-based supervision since our last inspection. The provider may find it useful to note that confirmation of issues having been addressed from a previous supervision session should be recorded and include the timescales for action. For example, the supervision records for three people made reference to training requirements but provided no dates as to when this should be sourced and/or completed by.

The staff recruitment records for three members of staff newly employed at Take 4 Personnel Limited were viewed. We found that a 'Skills for Care Common Induction Standards' checklist had been completed. This asked for confirmation of the member of staff's knowledge, training and/or experience in the care sector by confirming 'Yes' or 'No' where appropriate. The provider may find it useful to note that there was no evidence to show that staff had commenced and/or completed the Common Induction Standards workbook or equivalent resource.

## 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

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

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### Reasons for our judgement

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At our last inspection of the service in August 2013 and September 2013, we had minor concerns about the provider's arrangements for assessing and monitoring the quality of service provided by Take 4 Personnel Limited. The provider sent us an action plan in November 2013 telling us what corrective action they had taken following our inspection and what they would do to achieve compliance.

Records also showed that spot checks on staff were regularly conducted so as to monitor staffs individual performance. The records for six members of staff were viewed and these showed that the majority had provided an effective, warm, caring and compassionate approach to their role. Where issues were raised, we found that proactive action had been taken by the management team with the member of staff. For example, one spot check had highlighted that a member of staff had not stayed at the person who used the service's home for the allocated time, or completed all tasks as required. The management team completed a further spot check the following day and conducted a formal meeting with the member of staff.

The homecare manager advised that the service did not use an electronic monitoring system to show how calls and visits to people who used the service were monitored. The homecare manager advised that people who used the service and those acting on their behalf were very proactive in contacting the domiciliary care office if staff were late and/or had any concerns. The homecare manager advised that once contacted, office staff or the 'on-call' would make the appropriate arrangements to find out what was happening and/or provide alternative staff support.

In addition, systems were now in place to review people's support plans at regular three monthly intervals.

There was evidence to show that staff meetings had been regularly conducted since September 2013. These meetings served to discuss issues within the domiciliary care service, ways of working and to share relevant information with all staff relevant to their roles and responsibilities.

## 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.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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