

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

Take 4 Personnel Limited

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Tel: 01375391337

Date of Inspections: 24 September 2013
04 September 2013
29 August 2013

Date of Publication:
November 2013

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

Care and welfare of people who use services	✘	Action needed
Management of medicines	✘	Action needed
Supporting workers	✘	Action needed
Assessing and monitoring the quality of service provision	✘	Action needed
Complaints	✔	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 provide 24 hour live-in care service.
Type of service	Domiciliary care service
Regulated activity	Personal care

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 29 August 2013, 4 September 2013 and 24 September 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 carers and / or family members, talked with staff and reviewed information given to us by the provider.

What people told us and what we found

Our inspection consisted of a visit to the Take 4 Personnel office on 29 August 2013, visits to five people's home on 04 September 2013 and telephone interviews with three staff on 24 September 2013. The provider confirmed that there were 31 people who received a service that was funded by the Local Authority and 35 people who had their care and support provided through a direct payment scheme. We spoke with five people who used the service and those acting on their behalf. People told us that they were very happy with the care and support provided. No concerns were raised at the time of our inspection.

We found that the provider had appropriate arrangements in place in relation to complaints management. However further minor improvements are required to ensure that a support plan is completed for each person, that staff receive appropriate training relating to medication and that records are accurately maintained; and staff receive formal supervision and appraisal. In addition the provider should look at ways of ensuring that the service's quality assurance systems are effective and robust.

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 20 November 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

Care and welfare of people who use services

✘ Action needed

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

Our judgement

The provider was not meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. Improvements are required to ensure that support plans are completed for each person.

We have judged that this has a minor 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

At the time of our last inspection to the service in February 2013, moderate concerns were highlighted in relation to the quality of information recorded within individual people's support plans not being as robust as they should. An action plan was forwarded to us in April 2013, detailing the corrective actions being taken by the provider to achieve compliance.

The provider told us that people who used the service had their homecare package either funded by the Local Authority or through a direct payment scheme. The latter is a government initiative that empowers people by allowing them control and choice over the service they use to meet their needs. Services provided by Take 4 Personnel were noted to be wide ranging and from as little as 30 minutes to 24 hour live in care and support.

The support plans for 12 people who received support via the domiciliary care service were viewed. This included six people who received care and support that was funded by the Local Authority and six people who received care and support through a direct payment scheme. Records showed that peoples' support plans were developed after a pre-assessment had been completed either by the Local Authority or by the domiciliary care service; and prior to the commencement of a service being agreed. This ensured that the service had considered whether or not it could meet the person's needs and also provided details to inform the individual's support plan. The provider may find it useful to note that a formal assessment using the provider's own pre-assessment template was not evident within all support files viewed and; some information was noted to be recorded on loose sheets of paper. This means there is a risk that vital information could go missing and there could be a lack of consistency in the information gathered during the pre-assessment process.

Records viewed showed that improvements had been made by the provider to ensure that people's support plans covered all aspects of a person's individual circumstances. Information included the specific level of support required, the number of staff required to provide support for each visit, the length of time for each visit, call time preferences and additional duties and tasks to be undertaken. However, we found that there was no support plan in place for two people who used the service. The care co-ordinator confirmed for one person that they were aware that this needed to be completed but were confident that this would be available at the person's home. We completed a home visit to this person and found that there was no support plan in place. This means that there is a risk that staff who provide support to this person may not have all of the information necessary to provide support. The provider may find it useful to note that there was no evidence to show that the content of the support plans had been agreed with the person who used the service or those acting on their behalf. Risk assessments relating to manual handling and the home environment were recorded.

We found that review dates for support plans to be evaluated were recorded so as to determine a person's progress with their support plan or to reflect changes made. However, we found that there was not always the evidence available to show if this had been completed. This was seen to not be line with the provider's own policy on 'Service User Plans'. This recorded, "Every plan will be regularly reviewed and revised over time."

As part of our inspection process we visited five people who used the service on 04 September 2013, and was accompanied by the office manager of Take 4 Personnel. People spoken with were very complimentary about the quality of care and support provided by staff. People confirmed that they were happy with the overall care and support provided. People told us that in general staff arrived on time and stayed for the agreed length of time. People told us that where their regular care staff were not available, either through staff sickness or annual leave, replacement staff were always provided. In addition people told us that they were notified by phone if a member of staff was delayed and/or going to be late. Comments included, "Staff do over and above what is required for [name of person who used the service]", "I feel the support is absolutely brilliant" and "The staff that support [name of person who used the service] are very good and I would miss them if they were not here." People who used the service and those acting on their behalf confirmed that communication with office staff was very good.

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

Our judgement

The provider was not meeting this standard.

People were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines.

We have judged that this has a minor 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

A medication policy and procedure was readily available. The provider may find it useful to note that this made reference to the National Minimum Standards and Care Homes Regulations; and not the Essential Standards of Quality and Safety and Health and Social Care Act 2008. The office manager was also advised to obtain a copy of 'The Handling of Medicines in Social Care'. This provides up to date guidance for services who are involved in handling medicines.

Support plans recorded information relating to a person's ability to look after and take some or all of their medicines or if support staff were responsible for assisting, prompting or administering their medication. The medication records for two people were viewed. The provider may find it useful to note that the medication records were not always completed in line with the actual support required. For example, the medication records for one person recorded that staff were to prompt them with taking their medication twice daily. On review of the person's medication records we found that these were not accurately completed and suggested on occasions that staff had only visited on one occasion. For completeness we also looked at the person's daily call sheets and found that these provided evidence that staff had visited twice daily and the person had received their prescribed medication.

The staff training records for six members of staff were viewed. Records showed that three out of six members of staff had not got evidence of having undertaken medication training. This means that staff may not have the skills to administer medication safely to people who used the service. We were advised by the care co-ordinator that two of these staff supported people who used the service with their medication. The record of 'spot checks' undertaken for one staff member showed that appropriate arrangements were not followed in relation to the recording of medicines. However we found no evidence to show how this was being dealt with by the management team of the service so as to ensure that people were protected.

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

Our judgement

The provider was not meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard. However improvements are required to ensure that staff receive regular formal supervision and appraisal.

We have judged that this has a minor 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

At the time of our last inspection to the service in February 2013, moderate concerns were highlighted in relation to gaps in staff training. In addition we found that there was a lack of evidence to show that staff had received an induction, formal supervision and/or appraisal. An action plan was forwarded to us in April 2013, detailing the corrective actions being taken by the provider to achieve compliance.

The training records for six members of staff showed that significant improvements had been made so as to ensure that staff received training in core subject areas. These referred specifically to safeguarding of vulnerable adults, manual handling, basic first aid, infection control, health and safety, food hygiene and medication. Staff told us that they were given sufficient notice about forthcoming training so that they could attend. We spoke with three members of staff and they confirmed that all of the above training was up to date.

The induction records for four members of staff were reviewed. Records showed that three out of four members of staff had commenced and completed Skills for Care Common Induction Standards. The latter is completed over a 12 week period and sets out the first things a new worker needs to know in relation to their job role and the people they provide support to. The provider told us that new employees 'shadow' an experienced member of staff when they first commenced employment. Records were evident for one member of staff detailing the outcome of their 'shadow' shift. Records showed that this had been a positive experience for the newly appointed member of staff.

The supervision records for five members of staff employed within the preceding 12 months were requested and viewed. Records showed that none of these staff had received formal supervision and/or an appraisal. We spoke with three members of staff and they confirmed that they had not received formal supervision. Staff confirmed that they had informal discussions with the office manager and/or care co-ordinator. This is not in line with the provider's 'Staff Appraisal, Supervision and Development' policy dated 2012.

This states, that the minimum requirement is that these should be held on a six to eight weekly basis. Staff told us that they found both members of the management team to be very approachable and supportive. Staff stated that they received positive feedback from the management team about their performance and that they felt valued and appreciated.

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 had a system to regularly assess and monitor the quality of service that people received, however improvements were required to ensure that it was effective.

We have judged that this has a minor 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

At the time of our last inspection to the service in February 2013, moderate concerns were highlighted in relation to the provider not having an effective system in place to regularly assess and monitor the quality of the service. An action plan was forwarded to us in April 2013, detailing the corrective actions being taken by the provider to achieve compliance.

We looked at the provider's quality assurance policy and this was noted to have been reviewed and updated in March 2013. This told us of the provider's arrangements to regularly assess and monitor the quality of the service provided by Take 4 Personnel. We found that some elements of the policy were not being adhered to. This referred specifically to there being no evidence to show that one-to-one meetings with staff were being conducted on a monthly basis; and that an annual appraisal was conducted. The provider may find it useful to note that there was no evidence to show how calls and visits to people who used the service were monitored on a regular basis so as to ensure that people received the full duration of their allocated calls. We found that there was no evidence to show that an audit of people's support plan and daily records was undertaken so as to ensure that these were appropriate and in line with the provider's policy.

Records showed that the views of people who used the service and those acting on their behalf had been sought since our last inspection in February 2013. The information had been analysed with the data represented as a pie chart. The results showed that people who used the service and those acting on their behalf found the quality of the service provided by Take 4 Personnel to be either "good" or "excellent." The majority of people stated that they would use Take 4 Personnel again. Specific comments recorded included, "I could not have anybody [staff] better", "[Name of member of staff] has been really good with [Name of person who used the service]. Holiday cover not quite up to their standard but they are a hard act to follow", "We have been very happy with the service provided since [Name of person who used the service] has been in their flat. [Name of staff member] will always let us know if they can't get there on time" and "Happy with service. All very easy to get on with. They [staff] are helpful and caring." No negative comments

about the service were noted.

The office manager told us that formal 'spot checks' on staff had been recently initiated. We asked to see the records and found that these had only been completed for three out of 39 members of staff. Records were seen to be informative and detailed and highlighted evidence of good working practices by staff and areas which required further improvement. The office manager advised that they would initiate a scheduled programme of 'spot checks' for all staff so as to monitor staff performance.

Since our last inspection to the service in February 2013, records showed that there had been five staff meetings. The office manager advised that where staff were unable to attend, the minutes of the staff meeting were discussed with staff on an individual basis. The provider may find it useful to note that where issues were highlighted for action and/or monitoring, an action plan should be devised to evidence that these had been completed.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

People had their comments and complaints listened to and acted on, without the fear that they would be discriminated against for making a complaint.

Reasons for our judgement

We looked at the provider's complaint procedures which informed people how and who to make a complaint to and included the stages and timescales for the process. The provider may find it useful to note that the procedure does not provide the contact details of the Local Authority, Clinical Commissioning Groups (CCG) and/or Care Quality Commission (CQC).

At our last inspection to the service in February we were advised that comments and complaints about the service were not logged, reviewed and evaluated. At this inspection we found that a record of complaints had been formulated and maintained. Records showed that there had been two complaints since February 2013. Records showed that people had their comments and complaints listened to and acted on, without the fear that they would be discriminated against for making a complaint.

During the inspection when reviewing staff records we found evidence that concerns about two members of staffs conduct and/or work practices had been raised. The provider may find it useful to note that neither issue had been logged as a potential complaint.

No recent records of compliments from people who used the service and those acting on their behalf were available. The office manager was advised to retain these so as to capture the service's achievements.

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	<p>Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010</p> <p>Care and welfare of people who use services</p> <p>How the regulation was not being met:</p> <p>Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. Improvements are required to ensure that support plans are completed for each person. Regulation 9</p>
Regulated activity	Regulation
Personal care	<p>Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010</p> <p>Management of medicines</p> <p>How the regulation was not being met:</p> <p>People were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines. Regulation 13</p>
Regulated activity	Regulation
Personal care	<p>Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010</p> <p>Supporting workers</p>

This section is primarily information for the provider

	<p>How the regulation was not being met:</p> <p>People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard. However improvements are required to ensure that staff receive regular formal supervision and appraisal. Regulation 23</p>
Regulated activity	Regulation
Personal care	<p>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010</p> <p>Assessing and monitoring the quality of service provision</p>
	<p>How the regulation was not being met:</p> <p>The provider had a system to regularly assess and monitor the quality of service that people received, however improvements were required to ensure that it was effective. Regulation 10</p>

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 20 November 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 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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