

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

## Kells Domiciliary Care and Nursing Agency

43 The Grove, Palmers Green, London, N13 5LQ

Date of Inspection: 16 August 2013

Date of Publication:  
September 2013

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

<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Cooperating with other providers</b>	✓	Met this standard
<b>Requirements relating to workers</b>	✓	Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓	Met this standard
<b>Records</b>	✓	Met this standard

## Details about this location

Registered Provider	Mr Michal Ganecki & Ms Marion Bowen
Registered Manager	Mr. Michal Ganecki
Overview of the service	Kells Domiciliary Care and Nursing agency provide personal care to people in their own homes. They are based in the London Borough of Enfield.
Type of service	Domiciliary care service
Regulated activities	Nursing care Personal care Treatment of disease, disorder or injury

## 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
<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
<b>Our judgements for each standard inspected:</b>	
Care and welfare of people who use services	5
Cooperating with other providers	6
Requirements relating to workers	7
Assessing and monitoring the quality of service provision	8
Records	9
<b>About CQC Inspections</b>	10
<b>How we define our judgements</b>	11
<b>Glossary of terms we use in this report</b>	13
<b>Contact us</b>	15

## 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 announced inspection.

---

### How we carried out this inspection

---

We carried out a visit on 16 August 2013, talked with people who use the service, talked with carers and / or family members and talked with staff. We reviewed information given to us by the provider.

---

### What people told us and what we found

---

People using the personal care service and their relatives praised the agency and the care provided. One person's comments summarised people's views when they said, "they are always very supportive, just like family."

Most care plans contained detailed information and were updated to reflect changes in people's needs. The service had systems in place to ensure people were referred to specialists as required. We found that staff recruitment procedures were effective at ensuring that, before starting to work in people's homes, all appropriate information about them was in place and they were of good character.

We found there were effective systems to assess and monitor quality at the service, including through consideration of people's views. "I feel confident the agency will address my concerns," one person told us. We also found that recording systems at the agency sufficiently protected people against the risks of unsafe or inappropriate care.

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](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

---

### Our judgement

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.

---

### Reasons for our judgement

People told us that they were happy with the service provided by Kells Domiciliary Care and Nursing Agency. We looked at the care files for three people who used the service. We saw that care plans were in place in the files we checked. These detailed what support was needed and how it should be given. We saw that some files contained very detailed instructions on how to meet people's individual needs and preferences. These ranged from how to wash somebody in a particular way, to giving a variety of medications and supporting the person to maintain their independence by going out to the shops once a day. Each care plan was written in a person centred way, and gave clear instructions to staff. All the people we spoke to said that their individual needs were being met. One person's relative we spoke with said "They do understand what A needs, and the best way to explain that is that they watch X Factor together, they're like family." Most people told us that they had been involved in the planning and review of their care. Therefore planning and delivery of care was carried out in a way that met people's individual needs.

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

We saw that risk assessments had been carried out and were regularly for each person. These included risk of falls, use of hoists, infection control, and health and safety. The assessments covered risks to the people being supported and to the staff supporting them, and were regularly reviewed and updated.

There were arrangements in place to deal with foreseeable emergencies. In the event of bad weather, or other emergency that could affect the availability of staff the agency could prioritise those most in need of care. Staff we spoke with told us they received first aid training on a three yearly basis.

**People should get safe and coordinated care when they move between different services**

---

**Our judgement**

---

The provider was meeting this standard.

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

---

**Reasons for our judgement**

---

The provider worked closely with people and their families when received a referral for a new person to access the service. If the local authority arranged for the service to be provided, the manager told us they would contact social services and the person's GP to discuss any changes required to a person's care plan. This meant those involved in the care and support of people who used the service worked together to establish people's needs.

During reviews, the manager received updated information relating to involvement from other health professionals such as the community psychiatrist. The manager also shared information with the person's GP, if staff noticed changes to the person's health. For instance, one person's record detailed how they were referred to the GP as staff were concerned that the person had appeared more confused than usual. This meant information was shared appropriately between services, which enabled staff to adapt the care and support they provided to people as needed.

We spoke to staff and they were able to tell us what they would do if a person needed medical attention. They told us there was a process in place for informing the manager when a person required a GP appointment or admission to hospital. This showed the provider worked with other services to respond to changes in a person's health and welfare needs.

## Requirements relating to workers

✓ Met this standard

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

---

### Our judgement

---

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

---

### Reasons for our judgement

---

The provider had suitable recruitment and selection processes in place to help minimise the risk of unsuitable staff being employed at the service. We looked at the personnel files for five care workers, including newer staff and a volunteer. Each file included a number of recruitment checks, such as proof of identity, a criminal records check, and checks of entitlement to work. For qualified nurses this also included up to date registration pin numbers for the Nursing and Midwifery Council. All appropriate information about each staff member was in place, and demonstrated that they were of good character. Satisfactory evidence of recent qualifications were available. Most care workers had written contracts on file. Two written references were available for all staff, highlighting previous conduct in care where relevant. This meant that the agency's recruitment procedures were effective at ensuring new staff were of good character before employing them and supplying them to provide care to people in their own homes.

## 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 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

---

The agency had an effective quality assurance system in place. People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. People told us that they were periodically asked to give their opinion of the service. The manager showed us reports in people's care plans from unannounced spot checks. These spot checks were carried out with the consent and prior knowledge of the person receiving care. Spot checks were done in conjunction with staff and people to observe the interaction between care workers and the people using the service. One person said "the manager regularly checks up which is reassuring."

People using the service received a regular survey to assess whether they were satisfied with the care and support that was provided. The manager told us they were awaiting return of completed forms, after which a report would be generated and shared with staff and people.

The agency had systems in place to take account of complaints and comments to improve the service. The provider may find it useful to note that people told us that although they would speak to the manager, some people and some staff were unaware of the service's complaints procedure. The manager said that no complaints had been received in 2012 or 2013.

**People's personal records, including medical records, should be accurate and kept safe and confidential**

---

## **Our judgement**

---

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

---

## **Reasons for our judgement**

---

At the previous inspection, we found that records did not always reflect changes to the person's care and support needs as one person's care plan had not been reviewed and updated in a year, another person's needs had changed and this was not reflected in the documentation about their care and the provider did not ensure that records were kept for the appropriate period of time and then destroyed securely and staff records could not be located promptly when needed.

During this inspection, we found that people's personal records and staff records were accurate and fit for purpose and they were kept securely at the agency. The manager demonstrated how personal information about people was securely stored in the office. Care delivery was recorded consistently and to an appropriate standard.

We reviewed policies and procedures related to the management of the service and found that these had still not been updated and referred to out of date legislation or practices. The record keeping policy referred to staff returning people's daily notes, which were kept in the home, on a monthly basis. One care plan we reviewed contained daily notes up to May 2013. We discussed this in detail with the manager who explained that they were in process of updating the policies and procedures. The manager also explained that some staff had not been returning records to the office base on a monthly basis, and said they were in the process of addressing this with staff members who persistently failed to return the daily notes. Since the inspection, we have received an updated record keeping policy and we have been told that a system for staff to return people's daily notes is being implemented. The manager has confirmed that all policies will be reviewed by the end of August 2013. On balance, the provider had improved processes for ensuring records were accurate and fit for purpose.

## 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.

## Contact us

---

Phone: 03000 616161

---

---

Email: [enquiries@ccq.org.uk](mailto:enquiries@ccq.org.uk)

---

---

Write to us  
at: Care Quality Commission  
Citygate  
Gallowgate  
Newcastle upon Tyne  
NE1 4PA

---

---

Website: [www.cqc.org.uk](http://www.cqc.org.uk)

---

---

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.

---