Care Quality Commission

Inspection Report

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

East Riding Quality Home Care Limited - 36 Kerry Drive

36 Kerry Drive, Kirkella, Hull, HU10 7NB

Tel: 01482635433

Date of Inspection: 23 January 2014

Date of Publication: February 2014

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

Care and welfare of people who use services	✓ Met this standard
Management of medicines	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	East Riding Quality Home Care Limited
Registered Manager	Mrs. Susan Manzouri
Overview of the service	East Riding Quality Home Care Limited is a small domiciliary care service that provides support to people who live in their own home. The agency office is located in purpose-built office premises in Anlaby, in the East Riding of Yorkshire and is also close to the boundary of the city of Hull. There are car parking facilities at the office. The agency provides a service to people who live in the villages surrounding the agency office and the West Hull area.
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'.

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 looked at the personal care or treatment records of people who use the service, carried out a visit on 23 January 2014, talked with people who use the service and talked with carers and / or family members. We talked with staff and talked with commissioners of services.

What people told us and what we found

We spoke with seven people who either received a service or were a relative of someone who received a service from the agency. We also spoke with three care workers and the registered persons.

People told us that they were happy with the service they received. One person said, "The carers are more like friends than carers" and another person said, "It is an excellent service all round". People told us that care workers arrived at the right time and stayed for the correct length of time.

Most of the people who we spoke with told us that they could manage their own medication but those who received some support said that they had never had any concerns about the support they received from staff.

Personnel records evidenced that the agency followed robust recruitment and selection practices when employing staff. Staff completed induction training before they commenced work with people who used the service.

Care workers told us that there were enough staff to support the people who received a service and, because the service employed part time staff, there was usually someone available to cover sick leave or holidays.

There were effective quality monitoring systems in place that gave people who used the service, their relatives and staff the opportunity to comment on the way the agency was operated. This included a complaints system. We saw evidence that the registered persons were proactive in ensuring that they kept up to date with good practice guidelines.

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

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's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

We spoke with seven people who either received a service or were a relative of someone who received a service. The people who we spoke with told us that they or their relative received the service they needed to enable them to be as independent as possible and remain in their own home. People told us that the agency staff were flexible and that they could ring the agency office if they needed their calls to change for any reason. People were also confident that, if their support needs increased, the agency would be able to respond. One relative told us, "I have occasionally asked to change the time of the call and they have been very accommodating".

Everyone we spoke with expressed satisfaction with the service they received. One person said, "The carers are more like friends then carers", another person said, "They are wonderful" and another said, "It is an excellent service all round". People told us that care workers arrived on time, stayed for the correct length of time and that they received support from a regular group of staff. One relative who we spoke with said that their parent's care worker, "Went above and beyond her duties".

We checked the care records for five people who received a service from the agency and saw that the information obtained as part of the assessment process had been used to develop a plan of care. The manager told us that they also received a copy of the person's support plan from the local authority when they had commissioned the service. The care plan included details of the person's contact with family and friends, their current health problems including any allergies, any needs due to their ethnicity, details of their current prescribed medication and their daily routines and lifestyle. The care plan also included the details of the tasks to be completed on each occasion the care worker attended.

We saw that the agency database recorded an annual review of each person's care plan.

The manager told us that a person's care plan could be reviewed at any time if their needs had changed. We saw that the details of a person's care needs had been updated accordingly following these reviews and that a new support plan had been produced.

We checked a sample of daily notes that had been returned to the office. We saw that these included information about the person's food and fluid intake, the tasks completed by the care worker and any accidents or incidents that had occurred. The manager told us that they checked diary sheets and medication records when they were returned to the office. This was to ensure that care workers were making appropriate notes, that the language used was appropriate and that relevant information had been recorded.

We spoke with three members of staff and asked them how information about people who used the service was shared to ensure staff were aware of their current care needs. They said that, if they noticed any changes in a person's physical or emotional health, they would record this in the daily notes. They would then report this to the agency office so that records could be updated and all relevant staff informed. Care workers told us that the information they passed to the office might result in the person having a review, either formal or informal, of their care or support needs. They said that that communication between the agency office and care workers, and between care workers, worked well.

We discussed the emergency plan with the registered persons. They told us that they had procedures in place about how they would deal with emergencies such as fire or flood. On the database they had lists of staff telephone numbers, service user telephone numbers and relatives telephone numbers as well as the contact details for the emergency services and the local authority. This information was saved on portable 'drives' so it could be accessed from any IT system; staff would not need to access the agency office. The service user guide recorded an emergency telephone number so that people could contact the agency 'out of hours'.

Management of medicines ✓ Met this standard

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

Our judgement

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.

Reasons for our judgement

Medicines were handled appropriately and kept safely.

All staff had received training on the administration of medication. The registered manager told us that a manager from the agency had attended training with the local authority on the use of the medication system they required staff to follow. This was designed as a 'train the trainer' course so the manager was able to facilitate this training for the remaining staff group. We saw this training information on the day of the inspection and noted that it was in sufficient depth to provide staff with the knowledge they needed to safely assist people with the administration of medication.

The manager told us that they had introduced a similar medication system for the people who funded their own care package. This meant that staff were not working with two medication systems, which reduced the risk of errors occurring.

We saw the medication policy and procedure and noted that it contained information about self-medication, equality and diversity, covert medication, storage of medication, controlled drugs and staff training and that it also included a sample of the documentation used by the agency.

We spoke with three care workers and they told us that they had received training on the administration of medication. All of the staff we spoke with said that, following their training, they felt confident about assisting people to take their medication. Some staff had also received training and carried out this task whilst they had worked in other care settings, so they had previous experience of administering medication. The staff we spoke with told us that they would ring the agency office if they had any concerns at all about the administration of medication. They were confident that the manager would give them appropriate advice or would ring the pharmacist of the person's GP for advice.

A person's ability to manage their own medication had been recorded in their care plan, as well as any allergies to medication. Most of the people who we spoke with told us that they were able to manage their own medication but some people told us that they required support. One person said, "Staff just prompt me to take my medication" and a relative said,

"The staff help my relative to take their medication - there has never been any problems". The service user guide recorded that people had to sign a consent form to authorise care workers to administer their medication.

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

Appropriate checks were undertaken before staff began work.

We checked the recruitment records for two members of staff. We saw that people completed an application form that recorded details of their education and qualifications, their employment history, the names of two referees and a declaration about criminal convictions. The manager told us that, once commenced, they allowed six weeks to conclude the recruitment process.

A Disclosure and Barring Service (DBS) disclosure had been obtained prior to people commencing work for the agency; these checks record whether the person has any criminal convictions and whether the applicant is on the DBS list of people who are not considered suitable to work with vulnerable people. In addition to this, two references had been obtained from either previous employers or people who could give a character reference (when people had no or only one previous employer). The manager told us that if they received a 'basic' reference that just recorded the dates of a person's employment, they requested a third reference to show that they had followed robust recruitment practices.

Although this information could be located on the agency database and was shown to us, we did not see a checklist that was an overall record of the dates that DBS checks and references had been requested and then returned. We discussed this with the manager who acknowledged that this would be a useful tool for the agency to use as it would provide an 'at a glance' check that the agency had followed their recruitment policies and procedures before a new employee commenced work.

The manager told us that all interviews were face to face and we saw that a copy of the interview questions and answers were retained. References were only requested when the person's suitability for the role had been checked at interview.

We saw the induction booklet that recorded the topics there were covered during the new employees induction training. These included an introduction to the company, the role of the home care worker, food hygiene, effective hand hygiene, moving and handling, health and safety, fire prevention, emergency first aid, assisting with medication, end of life care,

dementia and safeguarding adults from abuse.

The manager told us that staff also 'shadowed' an experienced care worker during their induction period. They visited a variety of people who used the service at different times of the day so that they received a good overview of what their role entailed. The 'shadowing' period could last up to two weeks, depending on the confidence and the previous experience of the new employee. The people who had received a visit from the new employee were also asked for their opinion about their suitability for the role of care worker.

There were policies and procedures in place on staff recruitment including the identification checking process, the DBS process, an anti-bullying policy and a harassment policy.

Staffing ✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

There were enough qualified, skilled and experienced staff to meet people's needs.

We saw that there was a staff rota policy in place. We spoke with three members of staff who told us that there were sufficient numbers of staff to meet the needs of people who received a service. They said that they were usually able to cover unexpected staff absences and that, because the agency employed some part time workers, there was usually someone available to work additional hours if needed. They also said that the manager would cover calls when necessary.

The rotas were produced by the database, based on where the person who received a service and the member of staff lived. We saw that the system used ensured that people received a service from a small team of staff and that their visit for essential tasks such as assisting with personal care or meal provision was at a regular time each day, and that shopping and cleaning calls were fitted in around these times.

The agency had not identified a need to introduce a call monitoring system as their quality monitoring systems had not highlighted concerns about staff arriving late or not staying for the allocated time. However, the registered person was in the process of identifying a call monitoring system so that they could introduce this if the local authority that commissioned a service from them included this requirement in their commissioning tender. This showed the provider's ability to plan ahead to meet market requirements.

The registered manager told us that they discussed the need for flexibility with applicants at the time of their interview and we saw evidence of this on the agency application form. However, although all staff were car drivers, the manager said that people usually worked in the same area from day to day. This reduced the amount of travelling time between visits and promoted consistency for the people who received a service. If a person's regular care worker was not able to visit them, the database identified the care worker who had visited them previously to cover the call. Again, this promoted consistency for the people who used the service.

The manager said that, when a person's arrangements had to change, they telephoned

them to inform them whenever they could.

The people who we spoke with told us that the staff seemed to have the skills they needed to carry out their role.

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 using the service and others.

Reasons for our judgement

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

We checked the quality assurance systems in place at the agency. We saw a calendar of events for the year 2013/4 that included two team meetings, two staff supervision meetings/appraisals, a service user survey in November 2013 and a review of the training programme.

The system included a 'legislation log' that recorded links to relevant websites and the registered person told us that this was checked annually. This was to ensure that the information on the agency website that provided useful information for people who used the service or were interested in using the service was up to date.

The policies and procedures were based on the CQC 'Essential standards of quality and safety'. The registered person told us that policies and procedures were reviewed annually to ensure that they continued to reflect good practice guidelines. We saw in the minutes of a staff meeting that care workers had been asked to bring their handbooks into the office so that updated policies and procedures could be added.

We spoke with seven people who either received a service from the agency or who were the relative of someone who received a service. Everyone who we spoke with told us that they had received a satisfaction questionnaire and said that they were certain agency staff would listen if they raised any concerns or asked any questions. The questionnaire covered areas such as privacy/dignity/respect, management, freedom from discrimination, support plans/choices, quality of life and the competence of staff. The questionnaire also included the questions, "Is there anything that we could put in place to assist you with your social needs?" and "How could we improve the service?" This gave people an opportunity to express their views about the service they received from the agency and make suggestions for improvement.

We saw that the outcome of the most recent survey had been analysed and comments

from people, both positive and not so positive, had been included in the final report. The manager told us that care workers took a copy of the report to each service user and this was placed in their information folder. A copy was also placed on the agency website. The manager told us that they had made changes to the policies and procedures as a result of feedback from people who used the service and their relatives.

The staff that we spoke with confirmed that the agency distributed an annual survey. However, staff said that they would usually already be aware of any concerns. One care worker said, "The people who receive a service and their relatives are always conversing with care workers so we are aware of any problems" and another said, "All service users have the managers telephone number and most of them would speak to me as well".

We checked the care records for five people who received a service from the agency and saw that each person's care plan was reviewed annually, or more frequently if a person's needs had changed. The database recorded a history of care plans so that a check could be made on how the person's needs had been reassessed continually and how the service provided had been adjusted. This ensured that people's changing needs were addressed.

We saw the minutes of staff meetings that had been held in January 2013, June 2013 and December 2013; the topics discussed at the latter meeting indicated that the provider was aware of latest CQC guidance and initiatives such as services being safe, caring, effective, well led and responsive. The most recent survey for people who used the survey was also discussed with staff. The minutes recorded, "The new survey questionnaire was based on the new inspection criteria to ensure that we identify issues and resolve them before they become problems for the service users".

Staff told us that they felt well supported by the agency. They said that they could express their views and make suggestions at staff meetings and at supervision meetings. One member of staff said, "We can say what we think and our suggestions are listened to". These meetings gave staff the opportunity to express their views about how the service was being operated, and share information about people who used the service. However, staff told us that they would not wait for one of these meetings to speak to a manager. One care worker said, "I call into the office twice a week and we always talk about the people who I am visiting so that records are up to date".

The manager told us that, in addition to recording accidents and incidents in daily notes, staff were required to ring the office as soon as they had dealt with the emergency. Appropriate action would be taken, such as completion of a safeguarding alert to the local authority or a notification to CQC. The information would be stored within the person's electronic record on the database. The manager said that, because they were a small agency, it was a fairly straightforward task to monitor accidents and incidents and identify any areas for improvement or trends that were occurring.

Complaints ✓ Met this standard

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. This was provided in a format that met their needs.

We saw the agency's service user guide and noted that it included information about the complaints procedure. This set out the stages of the complaints procedure including the timescales for the investigation. There was also information about other professionals who could be contacted if the complainant was not happy with the outcome of the investigation.

The manager told us that any 'niggles' or minor concerns were dealt with immediately and that, depending on the nature of the concern, a review of the person's care package might be organised. Any comments or concerns received by the agency from a person who used the service or their representative were recorded in the notes section of their care plan (on the agency database). The agency had not received any formal complaints since the last inspection. There was a facility on the agency database to record and analyse any complaints if they were received.

We saw that the satisfaction survey that was distributed to people annually included the questions, "During the last twelve months have you raised a complaint?" and "If yes, has the management dealt with your concerns promptly and appropriately. If no, please explain". This gave people the opportunity to share their concerns with the registered persons.

The people who we spoke with told us that they were very satisfied with the service they received and had not had any reason to complain. They all said that they would ring the office if they were dissatisfied with any aspect of the service. One person said, "Oh yes, I would pick up the phone and ring the office" and a relative told us, "Any concerns would be sorted out there and then".

The staff who we spoke with confirmed that people who used the service had received information about the complaints procedure. Staff said that they were certain people would feel confident enough to either speak to their care worker or ring the office to discuss any concerns. They said that people had regular contact with the manager and that this gave

them the opportunity to express their views. Staff told us that they would support people to express concerns or make a complaint to the agency office if they needed assistance.

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

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