

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

HQL Domiciliary Care & Outreach Support

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Date of Inspection: 20 May 2013

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

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✗ Action needed

Details about this location

Registered Provider	High Quality Lifestyles Limited
Registered Manager	Mrs. Nicola Hood
Overview of the service	High Quality Lifestyles Domiciliary Outreach (the Service) is registered as a domiciliary care agency. The service supports adults and children with learning disabilities on the autistic spectrum who may present with challenging behaviours.
Type of service	Domiciliary care service
Regulated activity	Personal care

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

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

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 20 May 2013, checked how people were cared for at each stage of their treatment and care and talked with carers and / or family members. We talked with staff and reviewed information given to us by the provider.

What people told us and what we found

We spoke to 2 people who used the service or their families out of the 3 people supported by the agency. Everyone spoken with was pleased with the service they received. Comments received were positive and they included; "They help my relative a lot. Help him to build his confidence." and "Staff are very good I have no concerns".

People told us that the communication had been very good at the agency. They were kept informed about who would be visiting and were updated when this changed.

People spoken with confirmed that they had given consent to their care and felt in control of the care received. Overall people spoken with had no concerns with regard to the quality of care and were complimentary about the staff and the support offered. People told us they felt safe receiving a service from the agency.

However some improvements were needed in the areas of risk assessments, review of care planning, documentation and monitoring of the service.

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 28 July 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

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People who used the service and their relatives expressed their views and were involved in making decisions about their care and treatment. They said they were involved in decisions and the agency supported their relative with their needs, provided the service they wished to receive and treated them with respect and dignity. A representative from the agency visited them before they started receiving care so that they had been able to express their views about the care and support they needed.

People we spoke with said that staff had shown them and their families respect and they had also considered their dignity when providing personal care. People said that the agency staff were reliable and did everything that was expected of them. One person said "They help my relative and take them out. They treat him well, I have no concerns". Another person said "The staff help a lot. They do everything I ask".

Discussions with staff showed their commitment to making sure that people were treated as individuals and were encouraged to express their views about their care. Staff demonstrated through conversation that the people who used the service were treated with respect and dignity.

We found that systems for consultation, interaction and communication were effective and individuals had their privacy and dignity protected. People said that they were treated with dignity and respect and said that their privacy was protected. People were supported to make choices about their lifestyle, activities and support. This meant that people had control over their lives.

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights overall. However risk assessment was in need of improvement.

Reasons for our judgement

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

People who use the service, told us they were able to make decisions and choices about their care and support. This was done by talking about this with them when they first began to use the service and when any concerns about their care arose. Parents spoken with felt supported and had no concerns about the quality of care.

People said that they had discussed their support and preferred routines with staff. They received the help they needed and wanted. People spoken with confirmed that they had given consent to their care and felt in control of the care they received. People using the service discussed matters relating to how the service was run and issues that affected them. They said that they felt the staff listened to what they said and that they were given support to make their own decisions. One parent spoke of the support a staff member gave to their relative and discussions with regard to his preferred activities.

Evidence viewed supported the aim of the agency as stated in their statement of purpose and showed that when the agency received a referral for an individual a care needs assessment was undertaken. This was carried out before any support was put into place. This was completed by people trained and assessed as competent to undertake this process. This meant that people received the care they needed and wanted.

Discussions with staff confirmed that the agency strived to provide a personalised service tailored to the needs of the people using the service. Staff spoken with expressed and discussed examples on how care was delivered. For example one staff member spoke of the support they gave with personal care and assisting with cooking meals. they also spoke of how they supported an individual to be more independent and part of the wider community. We reviewed and discussed with the staff, the care records of two people out of the three people who used the service. These showed the support needed. Guidance for staff was available so that they supported people consistently with actions that achieved the desired goal. The care plans however, were not always regularly updated.

This meant that people were at risk should their care needs change.

An initial assessment of risk was seen for the individual and the person's home. However, not all plans of care contained thorough risk assessments and were seen to be brief. The provider may find it useful to note that where risk assessments were needed the agency needed to ensure that strategies were in place to minimise such risks in more detail.

Daily notes were not available for the people who used the service; Therefore we were unable to judge if the care planned was that which was delivered. The provider may find it useful to note that whilst evidence was available from staff that these were completed no evidence was seen of daily notes.

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

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

Records confirmed that staff had completed an application form, supplied references, attended an interview and had a criminal record check in place before they started work. The provider may find it useful to note that the recruitment files were in need of some degree of re-organisation as documents were difficult to find and locate.

Staff spoken to confirmed that they were only able to start working with people once their checks had been received. They also confirmed that they had attended full induction training. We looked at a sample of four files. All of which were seen to contain the majority of the information as required of the regulations. The manager supporting the inspection stated that she would ensure that the files were reviewed as a priority.

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

Our judgement

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.

Reasons for our judgement

Staff received appropriate professional development overall. People that used the service told us they were supported by a consistent staff team, that they were competent and knew how to care for them safely.

Experienced staff received appropriate professional development. Staff spoken with demonstrated through discussion skills to carry out their role. Records we viewed showed that staff had received training in core courses namely, safeguarding adults, manual handling, Mental Capacity Act and medication. Training updates had been carried out in line with current guidance as recommended by Skills for Care a government training agency. Staff said they felt supported by the training to carry out their role. This meant that people receiving a service from the agency could feel confident that they were supported by suitably trained and experienced staff.

People told us that they felt care staff had the skills and experience that they needed to support them. Care staff said that they received good support from the office staff and agency manager. They said that they had a number of opportunities to discuss any issues arising from their training or in general. Care staff said that the training and support they received helped them improve the care and support they provided.

Members of staff had an in house induction when they started working. A foundation induction programme that followed the elements of national guidance issued by Skills for Care (a national government training agency) was in place for new staff. Staff spoken with consistently reported high levels of satisfaction about their employer.

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 did not have robust system to assess and monitor the quality of service that people received and improvements were needed.

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

People who used the service told us they were happy and satisfied with the care that they received. One person said they were very happy with the support provided to their relative . Staff said they were supported and had regular one to one supervision. However, documentation did not support this. The provider may find it useful to note that staff files contained limited evidence of staff supervision.

The agency did not have any evidence of surveys carried out to determine evidential feedback of the agencies performance to feed into any quality assurance monitoring system. However, the agency manager was in regular contact with the people that the agency provided a service to and was fully appraised of their needs and dealt with any issues or concerns promptly.

The manager stated that a senior manager inspected the service last August 2012. However, no other checks of the service were found and issues raised did not form part of an action planned that had been actioned. This meant that people were at risk of receiving a service which had not had systems in place to ensure effective quality monitoring.

Whilst people benefited from safe quality care, treatment and support, the service lacked evidence of systems to monitor the quality of care. Monitoring of the service was informal and was in need of review. The manager acknowledged that processes and audits were needed to better evidence that the quality of care was being monitored.

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	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010
	Assessing and monitoring the quality of service provision
	How the regulation was not being met: The provider lacked robust evidential systems to monitor and gauge the quality of the service provided and regularly seek the views of people using the service.

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 28 July 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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