

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

## Healing Cross Healthcare

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2014

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

<b>Consent to care and treatment</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✗ Action needed
<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Staffing</b>	✓ Met this standard
<b>Complaints</b>	✓ Met this standard

## Details about this location

Registered Provider	Healing Cross Health Care
Registered Manager	Dr. Johnson Ogunlowo
Overview of the service	Healing Cross is a domiciliary care agency providing personal care to people in their own homes. The agency is based in North London.
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'.*

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## Summary of this inspection

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 16 January 2014, talked with people who use the service and talked with carers and / or family members. We talked with staff and reviewed information given to us by the provider.

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### What people told us and what we found

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Healing Cross provided domiciliary care and support for eleven people at the time of our inspection. We spoke with two people who used the service and two people's relatives about their views regarding the service that was provided. Their comments included that "(I'm) satisfied with every care worker" and that they were "very kind and polite." Another person told us that "By and large I'm pleased with my care workers." A person's relative told that "The care was excellent" and "There isn't anything I could fault them (the agency)."

We found that people were asked for their agreement before care was provided to them. There were appropriate procedures in place to safeguard people from abuse and there was a system in place to respond appropriately if people had any complaints. We also found that there were enough staff to provide the required care and support to people.

Although people we spoke with gave us positive feedback regarding their care and support we found that in some cases the care was not planned in a way to ensure people's welfare and to meet all their needs.

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

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### What we have told the provider to do

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We have asked the provider to send us a report by 26 February 2014, 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.

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### **More information about the provider**

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

### Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

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### Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

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### Reasons for our judgement

The manager told us that all people who used their services received a service user handbook and guide which outlined the service's terms and conditions and provided information, for example, on the complaint procedure. People and their relatives we spoke with said that these documents and a copy of the care plans were given to them.

The manager and the care co-ordinator told us that staff acted in accordance with the consent of people who use the service in relation to their care. We were told that consent was obtained informally by talking to on a regular basis and checking the care workers' daily records. Records showed that staff had training regarding the Mental Capacity Act 2005. Staff we spoke with said that they read people's care plans prior to supporting them and were aware that they needed to obtain people's consent prior to providing care and support to them.

We found that people's care plans had not been signed by either the person or their representatives. Only one out of the four service user files we looked at contained a service user guide that was signed by the person's representative. The provider may find it useful to note that people's written consent was not routinely obtained from people, which would have provided evidence that discussions were held between people using the service and staff; and that this assisted them to agree to the care and support required.

We spoke with two people who used the service and two people's relatives about their views regarding the service that was provided. They said they were happy and satisfied with their care workers and that they were supported in-line with their wishes.

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

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**Our judgement**

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The provider was not meeting this standard.

Care and treatment was not planned and delivered in a way to ensure people's safety and welfare.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

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**Reasons for our judgement**

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The manager told us that people who used the service were referred and supported by their local authority in order to arrange care and support to them. The manager carried out their own assessment to identify people's needs and potential risks to their welfare and safety. We saw that individual care plans were created based on the collected information. Although people we spoke with gave us positive feedback regarding their care and support we found that in some cases the care was not planned in a way to ensure people's welfare and to identify and meet all their needs.

We reviewed four out of the eleven care plans and found that the care plans did not describe the needs and did not provide detailed guidelines to staff as to how best to support the person. For example one care plan stated that the care worker had to ensure that the 'right' type and size of incontinence pads should be used; however, there were no details as to what the correct type and size was. Another plan identified that a person had 'hallucinations' but did not contain details regarding how to support the person on these occasions. We spoke with the person's care worker who said that the person also had episodes of challenging behaviour which was not included in the care plan and there were no records regarding incidents related to the person's behaviour and how this had been addressed and managed. A third care plan identified that a person needed emotional care and that the person had anxiety but had not provided further details. Records showed that when this person was confused their relative was informed about it but no further details were recorded. We saw no evidence that the person's care plan was updated to reflect potential changes and to address the mental health needs that the person had. This meant that care and supported provided to people who use the service was not always planned and delivered in a way that met their needs fully.

We noted that in all four plans the required tasks, for example personal care, continence care, medication prompt were not linked to the timetable which meant that it was not made clear to staff what tasks needed to be completed on which visit. We saw records that evidenced that the care plans were subject to reviews but the outcome of the reviews had not been recorded.

A range of risk assessments were in place, however, these did not always include the actions staff needed to take to minimise such risks. We saw risk assessments that did not contain the descriptions of the risks nor provided guidelines to staff on how to support the person to avoid or manage the identified risks. For example one person's care plan and risk assessment did not contain details about their diabetes, how this was managed and what risks were involved.

We noted that accidents and incidents were logged and the manager was able to tell us what follow-up actions were taken but these had not been recorded in any of the care plans we looked at. One person who had challenging behaviour had not been risk assessed with regards to their behaviour and the care plan did not contain a management plan for this risk. We spoke with the person's care worker who explained how they managed these situations and said that these occasions were reported to the care co-ordinator or the manager. We saw no evidence of an update of the person's care plan and risk assessment to reflect this and to evidence that the risks were managed appropriately. Another person had been identified being at risk of falls but their care plan or risk assessment had not been appropriately updated following an incident when the person had a fall. This meant that people who use the service were not always provided with care and support that was planned and delivered in a way that kept the risks at the lowest possible level.

The service had arrangements in place to deal with foreseeable emergencies. The manager told us that staff completed first aid training and we saw that there was a business continuity plan in place that provided guidelines how to manage various emergencies such as damage to the office or IT failure.

**People should be protected from abuse and staff should respect their human rights**

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## **Our judgement**

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The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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## **Reasons for our judgement**

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The service had an appropriate safeguarding policy and procedure in place. The 'Pan-London Safeguarding Policy and Procedures' were also available in the service's office. The manager told us that staff read the service's policy as part of their induction and we saw records that staff had received training regarding safeguarding adults. Staff we spoke with confirmed this. Staff were also aware of how to recognise signs of abuse and said they would report any abuse or allegations of abuse to the manager or the care-coordinator.

We spoke with two people who used the service and two people's relatives about their views regarding the service that was provided. They had not had and did not raise any concerns regarding their support or their care workers.

The manager and the care co-ordinator asked regularly whether people were safe and satisfied with the services. This meant that people were provided with an opportunity to raise any concerns with them.

The service had not reported safeguarding concerns since our last inspection in February 2013.

## Staffing

✓ Met this standard

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

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### Our judgement

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The provider was meeting this standard.

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

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### Reasons for our judgement

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The service provided care to people in their home. The service's care workers visited people according to their care plans. The required time and the level of support that people needed on each day were known to the manager as that was identified by people's care plans. The care co-ordinator told us that a weekly rota was provided to every care worker which contained who they had to visit and when.

The manager told us that the service employed eight care workers who worked on regular basis and around fifteen bank workers who worked occasionally. They also said that staff absence and sickness were covered by the available care workers or by the care co-ordinator.

We saw records regarding the staff members' completed trainings which included moving and handling, infection control, safeguarding adults, pressure area care, continence care, understanding dementia and understanding mental capacity and deprivation of liberty safeguards. The manager told us that all staff had at least National Vocational Qualification (NVQ) Level 2 in health and social care.

We spoke with two people who used the service and two people's relatives about their views regarding the service that was provided. They all told us that their care workers were reliable and they arrived on time to provide care and support. Only one person said that sometimes the care worker was late which was highlighted to the manager during our inspection. The manager assured us that they would address the issue with the staff involved.

**People should have their complaints listened to and acted on properly**

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**Our judgement**

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The provider was meeting this standard.

There was an effective complaints system available.

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**Reasons for our judgement**

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The service had a 'Complaints, suggestions and compliments' policy in place which outlined the procedure of the management of complaints. We found that the service had not received any written or formal complaints since our last inspection.

We found that information was shared with people about the complaints policy and what they could do if they had concerns related to the care and support received. People were informed about the procedure in their service user guide which also provided contact details of the local authority, the Care Quality Commission and advocacy services.

The provider organised satisfaction surveys in November/December 2013 which involved people who use the service as well as their relatives. We saw that their feedback was positive and that they had not raised any concerns.

People we spoke with were happy with the service provided and the way staff treated them. One person said they "Haven't had problems with the care" and that they "would call Johnson (the manager)" if they had any concerns. Another person told us that if they "ever had complaint I would give it to the manager."

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	<b>Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010</b> <b>Care and welfare of people who use services</b>
	<b>How the regulation was not being met:</b> People's care had not always been planned and delivered in a way that met all their needs and kept the risks to their welfare and safety at the lowest possible level. Regulation 9.(1)(b) I and II

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 26 February 2014.

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.

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**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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