

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

Mitchells Domicillary Care Services

Abbey House Business Centres, 25 Clarendon
Road, Redhill, RH1 1QZ

Tel: 01737852177

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2013

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
Safeguarding people who use services from abuse	✓ Met this standard
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Mitchell's Care Homes Limited
Registered Manager	Miss Lindsey Patricia Goodson
Overview of the service	The Mitchells Domiciliary Care Services is a domiciliary care agency providing care and support to a number of people living in group supported living accommodation and some who live in their own homes across Surrey. The service provide personal care, medication support, domestic help(meals and cleaning), and companionship.
Type of service	Domiciliary care service
Regulated activity	Personal care

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Summary of this inspection

Why we carried out this inspection

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

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 23 August 2013, checked how people were cared for at each stage of their treatment and care and sent a questionnaire to people who use the service. We talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

We undertook a random telephone survey of the people who used the service. Three of these calls included talking to the person's relative.

People who used the service told us that they were treated with respect by the staff. They told us that staff always respected their privacy and dignity. One person told us, "Staff always make sure that my doors are closed and curtains pulled when they help to wash me." Another person told us, "The staff were very pleasant and they always respect me." People also told us that they made decisions about their care, treatment and support, for example, one person told us, "I can ask for things to be done differently and staff would do it." Another person told us, "Staff let me do as much as I can for myself, I like to be independent."

People told us that they had an assessment of their needs undertaken and they had a care plan at their homes. They told us that they always felt safe with the staff who attended to them. People also told us that a member of staff from the office comes to do spot checks to make sure the staff were confidently carrying out their duties.

Relatives we spoke to told us that they were involved in the assessment and care planning process and they knew how to raise concerns and make complaints about the service their relative received.

We were told by the people who used the service and their relatives they had just completed a Quality Questionnaire about the how they felt about Mitchells Domicillary 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 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

A part of this inspection we spoke to three people who received support from Mitchells Domicillary Care Services. In addition we also spoke with four family members of people who used the service. All of the people we spoke to told us that they were very happy with the support they received from the service.

One person who used the service told us that the service had provided them with appropriate information and support regarding their care. Another person told us, "Staff always made sure that my doors are closed and curtains pulled when they help to wash me."

A family member of a person who used the service told us that they "felt their relative was very well supported and the respect they received from the staff was good". Another person who received assistance from the service told us that they understood the care and treatment choices available to them from the service and that the staff who conducted the initial assessment and developed a detailed care plans.

We were told by the registered manager that all care plans were completed after the initial visit to the person who would receive the support from the service.

During our random telephone survey it was apparent that there was some confusion amongst both the people who used the service and their families as to what tasks staff they were expected to undertake at each visit. The confusion arose because people did not fully understand the aspects of receiving Domicillary Care and supported living. One family member told us that their relative lived in a "care home" and was unaware that they were actually in a supported living scheme receiving care from domicillary care staff and supported living staff. They told us that it would be "nice if everyone knew who was helping" their relative and in what "capacity they were there" as they did not "understand the difference" between the care option their relative was receiving.

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

We were told by the registered manager that all the people who used the service would have their needs fully assessed prior to any care or assistance being offered to the person. We were informed by staff that once the service received a referral for care they would complete a home visit. They told us that "once the service had undertaken the visit they completed a full assessment of needs" and reviewed all relevant risk to the person and staff which include any environmental risks a care plan would be developed and agreed by all parties involved.

We were told by one person who used the service, that they understood the care and treatment choices available to them and that the staff were "good at explaining things to them" that they had "alternative if things were not right" and "The staff were very pleasant and they always respect me." People told us that they made decisions about their care, treatment and support, for example, "I can ask for things to be done differently and staff would do it." Another person told us, "Staff let me do as much as I can for myself, I like to be independent."

We were told by one person who used the service that the staff were always willing to ensure that they received the support and care they required to stay at "home". During our discussions with the people who used the service there was some confusion about what the Domicillary Care staff did and what the supported living staff were meant to undertake during their visits. They continued to tell us that the work was done but that they "did not really understand the difference".

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

Our judgement

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.

Reasons for our judgement

A part of this inspection we conducted a random telephone survey of the people who received care from Mitchells Domicillary Care Services and where appropriate we spoke to their relatives. People who used the service told us that they always felt safe with the staff who "visited" them. They told us that staff had never mistreated them. One person told us, "I never feel unsafe with the staff, they are all very caring." Another person told us "The staff who visit me are very good at understanding my needs." One family member told us that they felt very supported and safe when the staff were assisting their relative.

People told us that they had been provided with information on what to do if they felt unsafe. One family member told us that they would contact the manager if they had any concerns but told us also that all the staff were very caring and polite.

We spoke to four members of staff who were employed by the service. They told us that safeguarding adults was a very high priority. The staff told us that they would report any allegations or actual abuse to the manager. Staff were aware of what abuse was, the different types of abuse and who to report allegations or suspected abuse to.

The registered manger provided us with evidence that staff had attended training in regard to safeguarding vulnerable adults. The services provided us with a training matrix to show that all staff employed at the service and had completed their probation period had received up to date training in regard to safeguarding adults. This meant that the provider was ensuring staff had knowledge and awareness related to the safeguarding of people using the service.

The service had developed a safeguarding policy which was based upon the local safeguarding team procedures to guide and support staff when required.

The manager was knowledgeable about safeguarding adults and the reporting procedures to be followed when an allegation or actual abuse had occurred. The manager told us that safeguarding people who used the service was a high priority and this topic was discussed with staff during their supervisions.

The service had one safeguarding referral in the last 12 months.

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

A part of this inspection we conducted a random telephone survey of the people who received support from Mitchells Domicillary Care Services and where appropriate we spoke to their relatives. People who used the service told us that "the staff were very good". One person told us, "Staff were excellent." People stated that the staff always knew what they were doing. One person told us, "Senior staff from the office come to check staff were carrying out their duties."

We were told by one relative that there was always staff that they knew coming into their relative and that they never had "any worries about the staff coming in to help". Another family member kept talking to us about the care home that their relative lived in, as they had confusion about the care that was being provided by the Mitchells Domicillary Care Services which provided the accommodation, supported living and domicilliary care. This included a review of staff training files. In each of the training files we viewed during the inspection we saw that staff had certificates to evidence training they had undertaken. For example, we noted that all staff had attended training in regard to manual handling that included theory and practical use of equipment, medication and safeguarding vulnerable adults.

We could not evidence in the staff training that they had received training in regard to infection control or food hygiene. The manager informed us that staff had attended training in regard to infection control and food hygiene.

The manager forwarded us a training matrix with the due dates for the mandatory training. Staff told us that they received regular training from the organisation.

The manager told us that staff were provided with refresher training and new staff were provided with a twelve week Skills for Care Induction training.

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 to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

A part of this inspection we conducted a random telephone survey of the people who received support from Mitchells Domicillary Care Services and where appropriate we spoke to their relatives. People who used the service and their representatives were asked for their views regarding the care and treatment they received. For example, people who used the service told us that they received telephone contact from the service who asked them about the service they received. People also told us that they had completed questionnaires for the service. We evidenced that a survey had been undertaken in July 2013 to ascertain the views of people who used the service and their relatives about the care and treatment provided by the service.

The service provided us with an analysis of the surveys they indicated a high level of satisfaction with the service and staff.

It was however clear that there was considerable overlap between the three areas of care and support offered by the organisation. People commented on the accommodation and supported living and not only the domicillary care they received.

The service had also requested professional feedback from care managers and GP's. At the time of the inspection visit only two feedback forms had been received by the service. The two forms that were available provided positive feedback about the care provided by the service.

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

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

Website: www.cqc.org.uk

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