

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

## Nayland Care Agency Limited - 170 Ranelagh Road

170 Ranelagh Road, Ipswich, IP2 0AB

Tel: 01473231444

Date of Inspections: 24 January 2014  
22 January 2014

Date of Publication: March  
2014

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

<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Management of medicines</b>	✓	Met this standard
<b>Staffing</b>	✓	Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓	Met this standard
<b>Complaints</b>	✓	Met this standard

## Details about this location

Registered Provider	Nayland Care Agency Limited
Registered Manager	Ms. Stevie Ann Hambling
Overview of the service	Nayland Care Agency Limited is providing personal care to approximately 140 people in their own homes. The care services they provide to people, aged over 18 years, include supporting people with physical disabilities, dementia, and sensory impairments.
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'.*

	Page
<b>Summary of this inspection:</b>	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	5
<b>Our judgements for each standard inspected:</b>	
Care and welfare of people who use services	6
Management of medicines	8
Staffing	10
Assessing and monitoring the quality of service provision	11
Complaints	13
<b>About CQC Inspections</b>	14
<b>How we define our judgements</b>	15
<b>Glossary of terms we use in this report</b>	17
<b>Contact us</b>	19

## 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 22 January 2014 and 24 January 2014, talked with people who use the service and talked with carers and / or family members. We talked with staff, reviewed information given to us by the provider and talked with other authorities.

---

### What people told us and what we found

---

We spoke with nine people who used the service and four people's relatives. They told us that they were happy with the service that they were provided with and that the support they received met their needs. One person told us, "A good agency really doing a good job." Another said, "We are pretty happy with the service."

People told us that the care workers were polite and treated them with respect. One person told us, "Staff are very nice." Another person told us, "Jolly good indeed, no problems at all, very pleasant people."

We looked at the care records of four people who used the service and found that the people experienced care, treatment and support that met their needs and protected their rights.

We found that there were enough care workers employed to meet people's needs. One relative told us that the person who used the service had, "Really developed a good relationship with (their) main carer, there is a good bond there."

The provider monitored the service to ensure that people were provided with safe care and support which included announced and unannounced checks on the quality of care and support people were receiving during their care visits. One person told us, "(Senior member of staff) comes out every now and then, they visited recently."

People told us if they had any concerns that they would speak to their care worker or contact the office.

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

---

## More information about the provider

---

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

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

## Our judgements for each standard inspected

### Care and welfare of people who use services

✓ Met this standard

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

---

### Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

---

### 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 nine people who used the service and four people's relatives. People told us that they were happy with the service that they were provided with and that the support they received met their needs. One person who used the service said, "I am pretty happy with them." Another person described the service as, "Very good." One person's relative told us that they were, "Very happy," with the service being provided.

When we asked four people if they would recommend the service to others, they told us they would. One person said, "Yes I would definitely." We saw feedback given in the service quality questionnaire included, "I have received extremely kind care, four times a day which has enabled me to remain in my home."

All the people we spoke with confirmed that they had a care plan, which they kept in their home for care workers to read when they visited. People confirmed that before receiving a service; senior staff had visited them and carried out an assessment of their needs. They told us that they had been consulted on how they wanted the care workers to support them and this had been recorded in their care plan. The registered manager confirmed what people had told us. This being that a competent member of staff would visit the person and carry out the initial assessment.

We looked at the computerised and paper care records of four people who used the service which were held in the office. We saw that the care plans had been tailored to ensure they provided care workers with guidance on the level of support they required to meet their assessed needs and preferences. This included information on a person's mobility, health, diet, communication needs, medication, and personal care.

People confirmed with us that staff recorded what support they had given during their care visit. One person's relative said, "They write in (their care plan) every single visit." They

told us that they felt it supported good communication not only between the care workers, but also family members supporting people with dementia. This was because when they read the communication sheet and visit records that they could, "Instantly see who's been in," and what had been done.

The provider told us that 15 to 20 percent of the people who used the service had some form of dementia. To support care workers to be able to identify with, and understand the people living with dementia behaviours and needs we saw that specialist training days had been arranged. The training included care workers wearing specialist equipment to support them to experience dementia related symptoms, such as disorientation.

To support people with dementia, we saw the care plans had sections which covered information about the person's childhood, middle age, and later years for families and staff to complete. When completed this provided a 'pen picture' of the person's life and provided meaningful 'prompts' for staff to instigate conversations with people living with dementia.

People told us that the contents of their care plan had been reviewed by a senior member of staff, who had gone through the information given to ensure it was still correct and reflected the level of support they were receiving. One person told us that, "The supervisor comes in and checks," on their records and talked to them about their care.

People's care records also showed where care workers had been responsive in dealing with situations affecting their health and welfare. This included dealing with unexpected health problems to ensure people's safety. During our inspection we heard a care worker contact the office to discuss concerns they had over a person's welfare. We saw how the registered manager responded to the information given to ensure the situation was addressed in a timely and safe manner.

Computer records we looked at showed where care workers had instigated, with the person's consent, visits from health and social care professionals to provide medical support and / or review of their needs. One person's relative told us, "They (care worker) always let me know if there is any medical attention needed."

People told us that they were normally supported by the same 'core' group of care workers who they had got to know. This supported continuity in care. One person told us, "We know all their names." Another person told us that they were, "Basically," supported by the same core group of care workers, which only, "Changes if someone is on holiday."

**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

---

Discussions with the people we contacted and their relatives identified that they either looked after their own medication, or a family member supported them to take their medication. One person told us that although they, "Self-medicate," that their care workers all knew where the person stored their medication, and what it was for, in case a situation arose and the person was unable to take it themselves.

Medicines were safely administered. The registered manager confirmed that care workers were not allowed to give out medication until they had been trained. Discussions with care workers and records seen, showed that they received training in the safe handling of people's medication. This meant that the service, to reduce the risk of medication errors, had systems in place to ensure that care workers followed the provider's medication procedures.

We saw that the service, where required, provided people with three levels of support; reminding people to take their medication, assisting people who had mental capacity to take their medication but required some assistance, for example taking the medication out of the pharmacy container and passing the medication to the person to take, and 'administer' medication. Where care workers were responsible for administering a person's medication, the registered manager told us that it meant they took over full responsibility. This included the re-ordering of medication on the person's behalf, giving the person their medication and observing to ensure they had taken it.

To ensure people's safety, we saw that care workers completed a detailed medication risk assessment, which included the person's ability to safely take their medication. Where a person's social worker had identified that a person would be at risk if they had free access to their medication, the registered manager told us that they would be instructed, in the person's best interest, to lock the medication away. This supported the safety of people living with dementia, who may forget that they had taken their medication, from being able to access further medication until care workers gave it to them.

Appropriate arrangements were in place in relation to the recording of medicine and the level of support given. Where people, as part of their care plan, received support from care workers with their medicines, their care records held copies of medication administration

records (MAR). These were used by care workers to record the level of support they had given.

The provider may wish to note, when we looked at a sample of five people's MAR forms held in the office, we found gaps where care workers had not signed the level of support they had given people on two people's MAR forms. When we brought this to the attention of the registered manager, they identified that the people concerned only required prompting (reminding) to take their medication, which care workers should only be signing when they assisted or administered medication. They told us that they would take action to address and remind care workers to ensure that they followed the service's medication policies and procedure on how to complete the MAR correctly.

**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**

---

The registered manager went through the service's induction training for new care workers and the on-going training they received to ensure they kept their skills and knowledge updated. We saw that all six care workers who had completed the service's questionnaire had all confirmed that their training needs were, "recognised and met."

When we asked people if they felt that care workers had the skills and knowledge to support them with their individual needs, they told us they did. One person's relative told us that when their next of kin's mobility needs changed and they required care workers to transfer them using a hoist that, "All the staff," had been trained to safely use the equipment.

The registered manager told us that prior to accepting to take on a person's new care package; they ensured that they had sufficient care worker numbers to provide the care at the time the person was requesting. Where they were unable to, this would be discussed with the person so they could make an informed choice if they wanted to use the service.

All but one of the people we spoke with confirmed that their care workers had never missed a visit. One person told us, "No they have never missed a visit, but sometimes a little bit late because they get held up." Another person told us, "Very good indeed no doubt about it, always turn up." Another person replied, "Oh yes they always come, sometimes a little late, but I don't mind they could have had a puncture or something, but they always turn up." Where one person's relative told us that staff had missed a visit once, they could not recall when, but told us it had not impacted on the person's welfare.

Where we saw that the service had dealt with a complaint about missed visits, records we looked at showed that it had not related to the service not having sufficient numbers of care workers.

## 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 received.

---

### Reasons for our judgement

---

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

We saw that the provider, to demonstrate their commitment to provide a quality service, had signed up to government's 'Social Care Commitment.' This is a voluntary agreement from social care providers to sign a, 'pledge to deliver high quality care and support.' We saw that one of the service's 'target for improvement' in their action plan, were to link people who used the service 'to the local community.'

Information given in the service's three monthly newsletter identified one of the ways this was happening. We saw a Christmas event had been arranged where people who used the service had been invited to a free Christmas dinner. The service had linked up with the local community who provided support with transport and volunteers. There were also volunteers from the service's own staff. The registered manager told us that the event had been very successful, as it had not only supported people to develop links with the community, but had also provided an informal setting to hear people's views about the service. They told us that there were planning another event in the summer.

We saw the results from the service's satisfaction questionnaires for 2012/2013 which had been completed by people who used the service and care workers. We saw the results had been evaluated (September 2013) and where people had highlighted areas for improvement, they had been set as "targets for improvement for the next 12 months." This showed that the service had listen to what people had to say about the service and acted on it.

People we spoke with confirmed that they had received visits from a senior member of staff who asked them their views about the quality of the service they were provided with. They told us they also spent time checking that care workers completed people's care records appropriately to ensure they were accurate and up to date. This was to ensure that the service's quality was being maintained and that it continued to meet the people's needs. One person told us, "(Senior member of staff) comes out every now and then, they visited recently."

The registered manager told us observational visits for care workers to check on the standard of their work, took place every three months, unless issues had been raised about a carer worker's practice. Where shortfalls in practice were identified, it would then be addressed through one to one supervision.

We saw the personnel records of four staff members which showed that their work performance was monitored and assessed. This included one to one supervision and annual appraisal meetings and observational visits. Supervision and appraisal meetings provided care workers with the opportunity to discuss the ways that they were working and to receive feedback on their work practice.

The two care workers we spoke with told us that they felt supported by the management. One care worker told us, "I can come in here a bit cheased off, and go out feeling I have been listened to."

We saw that the service had business contingency plans in place to support them in identifying any factors that could impact on them being able to provide or maintain service delivery. For example, adverse weather conditions that could prevent care workers from being able to get to a person's home.

We saw that the policies and procedures to identify and assess risks relating to the health, welfare and safety of people were being followed. We looked at four people's care records. These identified any risks in the person's day to day life, for example when moving or if they were at increased risk of infections. We also noted that the care plans assessed any potential risks to care workers.

**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 we spoke with told us that they had been provided with information on who to complain to if they had any concerns. One person told us, "I would just tell them (their care worker)," if they had any issues to raise and that they, "Would then contact the office," if they felt they were not addressed to their satisfaction. Another person told us that information on how to complain was given in the 'service user's guide.' They said, "I am very happy, I have no complaints," therefore they had not needed to use it.

We saw that the service's complaints policy informed people that if they were not satisfied with the outcome of their complaint, where they could seek advice or refer their complaint to. We saw that contact details had been included for the; Local Government Ombudsman (LGO), Citizens Advice Bureau, and the local county council's 'Customer Rights' office. However, we saw that people were being given incorrect information about the role the Care Quality Commission (CQC). This is because people were informed that the CQC were able to investigate people's individual complaints.

As soon as we brought this to the attention of the registered manager, they took action and corrected the information given to reflect our role. We saw their revised complaints policy had been amended to inform people that although the CQC are unable to get involved in individual complaints, that we were happy to receive feedback about people's experiences of the service. The registered manager confirmed that arrangements would be made to ensure people who used the service received a copy of the amended complaints policy.

The service's annual quality monitoring report informed people that the service had received 13 complaints from August 2012 to July 2013. We saw that out of these, two were upheld, five were partially upheld and six not upheld. The records we looked at for three of the complaints provided a clear audit trail of action taken to investigate the individual concerns raised. Records showed where the service had written back to the person/people raising the concerns within a timely manner. Where concerns had been upheld, we saw that the service had apologised and informed the complainant of the action taken by the provider to prevent a reoccurrence of the situation. This meant that there were systems in place to ensure people's complaints were fully investigated and resolved, where possible, to their satisfaction.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

---

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

---

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

---

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

---

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

## Glossary of terms we use in this report

### Essential standard

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

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

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

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

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

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

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

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

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

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

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

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

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

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

---

### **(Registered) Provider**

---

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

---

### **Regulations**

---

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

---

### **Responsive inspection**

---

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

---

### **Routine inspection**

---

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

---

### **Themed inspection**

---

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

## Contact us

---

Phone: 03000 616161

---

---

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

---

---

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

---

---

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

---

---

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

---