

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

East Midlands Homecare Limited

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

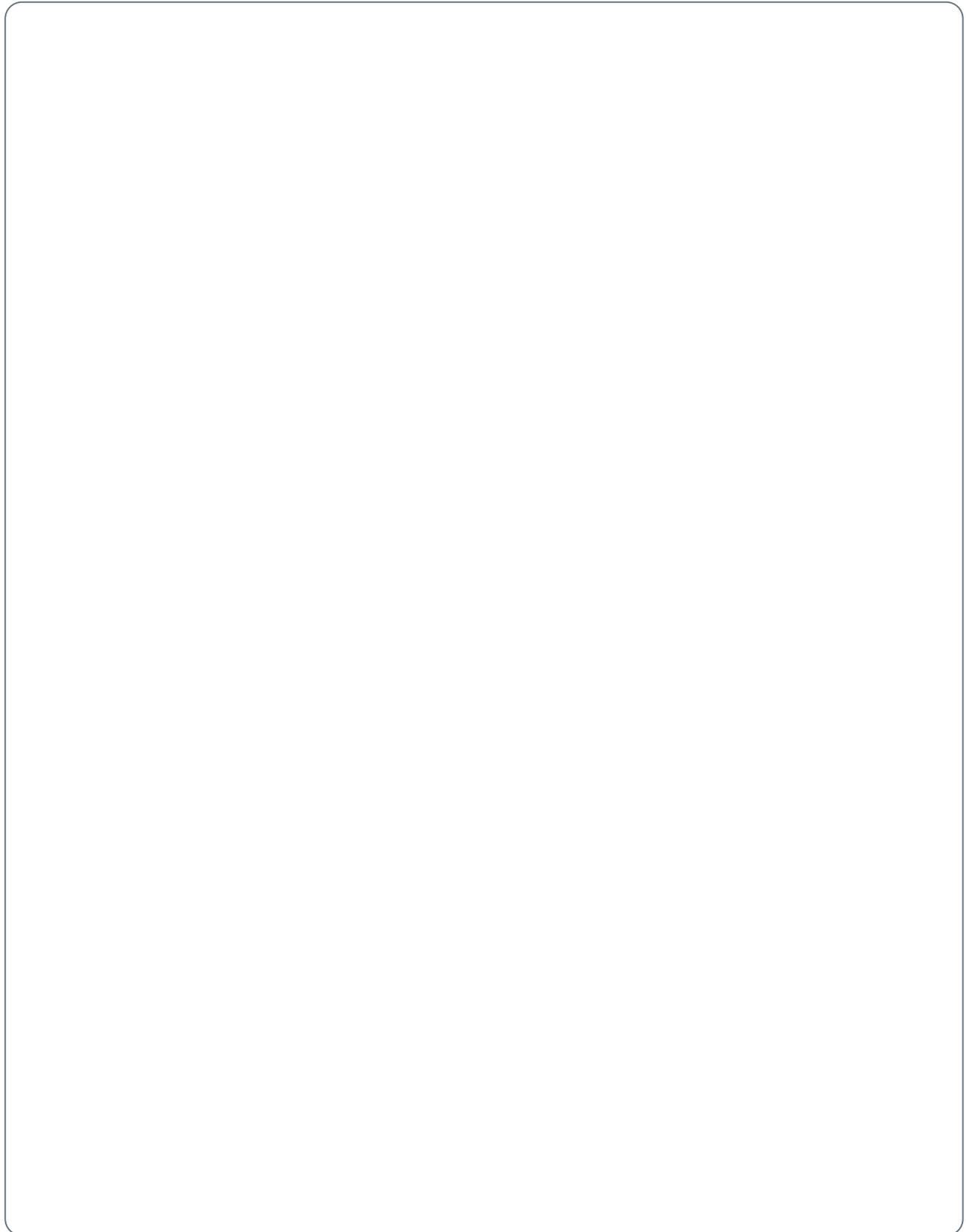
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Staffing	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard
Records	✗ Action needed

Details about this location

Registered Provider	East Midlands Homecare Limited
Registered Manager	Mrs. Deborah Gray
Overview of the service	East Midlands Homecare provides personal care services to 49 people in their own homes who live in South Derbyshire.
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

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 31 August 2012, sent a questionnaire to people who use the service and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

People told us that they received the required support and assistance from the care workers. One person told us that the care workers "do everything they need to for me and everything I ask them to". The care workers employed by the provider received appropriate training and support to deliver care to people using services. One care worker told us "I feel supported by the office". The provider had systems in place to quality assure the care that people were given and used the information obtained to put action plans in place for future development. However we found that the provider's records were not being managed in a secure, accurate and accessible manner.

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 29 September 2012, 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

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

We spoke with two people who used the service and two relatives.

All of the people we spoke with were highly complimentary of the service delivered by the provider. All of the people spoken to said the care workers provided the support and assistance required. One person told us "they are excellent. They deserve every penny and more". One person told us that the care his wife received was excellent and the care workers went "above and beyond" what he expected. Another person told us that the care workers "do everything they need to for me and everything I ask them to".

We looked at the care plans of five people who use the service. The care plans were written in a person centred way with phrases such as "I would like....", "I need...." or "I want..." being used to describe the needs of the person. The care plans we looked at covered the physical needs of the people using the service; however there was very little information about social or mental needs. This means that people's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

The care plans also showed that people using the service and/or their relatives were involved in their development. This was evidenced by the signatures of people present when decisions were made about care, however the care plans we looked at showed that people's involvement in reviews or assessments varied. On some occasions it was just the person using the service and somebody from the provider. On other occasions family members or occupational health therapists were present.

Assessments and risk assessments were clearly documented within the care plans and they had been regularly reviewed and updated. Potential risks were identified and methods of managing these risks put into place. In one care plan we saw that a person who used the service required two care workers to help her out of bed. A risk assessment was carried out and identified that there was no slide sheet to assist with this process. The provider acted on this risk and obtained a slide sheet so that assisting the person using the service out of bed was safer. In another care plan we saw that several manual

handling reassessments had been carried out. For one of the reassessments it was identified that the person using the service may be at risk of pressure sores and that a new pressure cushion was required to minimise the risk. The pressure cushion was obtained. This showed that people's care and treatment was planned in a way that was intended to ensure their safety and welfare.

There was evidence that people were regularly asked their views of the care provided by way of client visit forms. These client visit forms also formed part of the quality assurance process for the provider.

We spoke with three care workers. They told us that they record the care they provided to people in daily logs within a person's care plan. The care workers told us that they would read the daily logs from previous visits at the beginning of the appointment with a person using the service to identify any issues they needed to be aware of. At the end of the appointment the care workers would record the care they had delivered during the appointment. People using the service were asked about their care plans in their homes. They all knew where their care plans were in their home. They also told us that they saw the care workers reading and writing in the care plans.

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

We spoke with two people who used the service and two relatives. All of the people spoken to described the care workers as helpful, friendly and cheerful. None of the people spoken to had any concerns about the care workers or the manner in which support and assistance was provided.

We spoke with three care workers and asked them about their understanding of protecting vulnerable adults and signs of abuse. They told us that they had received training in protecting vulnerable adults and it was also noted in personnel files that protecting vulnerable adult training had been provided to staff. The care workers has a good knowledge of identifying possible signs of abuse. The care workers spoken to also had a good understanding of how to report potential abuse. One care worker we spoke to said that as part of their training they were provided with booklets which included contact numbers for people at social services. The training was recent and the care worker had the booklet in their car whilst working. In addition, further training for staff in safeguarding vulnerable adults is due to take place in November 2012.

The provider has a copy of Derbyshire's protecting vulnerable adults policy which is used in the training and accessible by staff.

None of the care workers had witnessed any possible abuse or had reported whilst working for the provider.

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

We spoke with two people who used the service and two relatives.

All of the people spoken to commented on the "excellent" and "fantastic" care workers that visit them or their relatives. One person told us "I can't fault them even though I try". People told us that they had a number of regular staff who visited and that they were usually on time for their appointments. People told us that if the care workers were going to be late for appointments they would be contacted by telephone to explain the reason, although this did not happen very often.

One person said "They look after my wife very well. They come three times a day and are always laughing and cheerful." Another person said "They do everything that I need them to do and also everything that I ask them to do".

We spoke to three care workers and asked them about staffing. They said they did not have any issues with their weekly rotas and were able to deliver personal care to people. The care workers said that they would visit people either alone or with another care worker when the person's needs required two people and that this was never an issue. Care workers did comment that sometimes travel time between appointments could be an issue, but this was generally due to traffic levels. This shows that there was enough qualified, skilled and experienced staff to meet people's needs.

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

We spoke with three care workers and looked at five staff files.

We asked the care workers about supervision. Supervision is an opportunity for the manager and a staff member to meet on a one to one basis to talk about work practices, training needs, care and welfare of people using the service and other issues which impact on their role.

Care workers told us that they received supervision sessions, as well as appraisals and 'spot checks'. Appraisals are annual discussions that take place to look at the performance of the staff member. 'Spot checks' are unannounced checks carried out by supervisors whilst care workers are delivering care to people using services. The care workers told us that they felt able to discuss issues comfortably in supervision and felt supported.

We looked at supervision records of care workers and these supported what the care workers had told us. Issues were discussed and clearly recorded. Appraisal records for two care workers were not contained within the personnel files, however these were kept electronically and provided by the registered manager.

We asked care workers about training they had received as well as training opportunities. All care workers told us that they received initial induction training which included training in the office as well as shadowing experienced staff whilst care was being delivered. The care workers also told us that there was regular, ongoing training available covering topics such as moving and handling, health and safety, dementia care and abuse awareness.

The personnel files contained individual training records which showed when the care workers had received training and when they were due for refresher training in each area. Although there was no overall training matrix for all staff, the registered manager showed us an annual training plan which highlighted what training was taking place on a month by month basis. This shows that staff received appropriate professional development.

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. The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

People who used the service and their relatives told us that they felt able to raise any concerns they had about care to the East Midlands Homecare office.

Quality assurance was carried out by the registered manager. Annual questionnaires were sent out to people using services, relatives and visiting professionals at the beginning of each year. The most recent questionnaires sent out were in February 2012. The registered manager produced a report analysing the feedback from these questionnaires as well as information obtained from staff appraisals, information from client visits and information from spot checks. The registered manager summarised the issues identified in these processes and developed an action plan for the year ahead. This report was written in March 2012. This shows that...

The registered manager also showed us a spreadsheet of client visits which documented all forms of feedback and reviews that have taken place for each client. The feedback and review types covered were environmental risk assessments, verbal quality assurance, moving and handling risk assessment, general client visit, written quality assurance, medication reviews and complaints. The spreadsheet was up to date with information regarding all forms of quality assurance carried out. Within the care plans we looked at it could be evidenced that when feedback and reviews were carried out action was taken by the provider if any issues were identified.

We saw that the provider had a complaints procedure in place and that they had not received any complaints about the service they provided since 2008.

The provider kept an incident book in the office where all incidents were recorded. This incident book also recorded the contacts that the provider had made with other agencies such as social services. We saw that within the incident book, the provider had contacted social services on a number of occasions about people who used the service. We saw that reviews were requested by the provider in the incident book following people who used the service falling in their own home. It was noted that on one occasion the provider had contacted the social services emergency team overnight following a number of falls by a person who used the service. Paramedics had also been called but the person did not need to attend hospital. The initial feedback from the emergency team was to leave the person on the floor and cover them with a blanket. The provider informed us that on this

occasion they organised a care worker to carry out a 'night sit in', which is something they ordinarily do not do, to ensure the safety of the person using the service. This shows that there was evidence that learning from incidents/investigations took place and appropriate changes were implemented.

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was not meeting this standard.

Although the records had not left the provider's office the records were not maintained securely, the records available were not accurate and they were not accessible.

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

We looked at care plans for five people. Three out of the five care plans had the daily logs and medication records missing. In one care plan there was no information relating to daily logs and medication records between October 2011 and 29 April 2012. Another had no information relating to daily logs and medication records prior to 28 April 2012. The third care plan had this information missing for the whole of April 2012. The registered manager and a senior care worker could not find these documents whilst we were present. The registered manager informed us that the documentation may have been inadvertently archived. This means that people's personal records were not accurate or fit for purpose and records were not kept securely or located promptly when needed.

Following our visit, the registered manager informed us by email that the missing records had been found and that they had been misfiled in other people's care plans. We returned to visit the provider following this information and can confirm that the documentation had indeed been recovered. The registered manager also informed us that whilst looking for the missing records, they identified that information about a further ten people's records had been misfiled.

The manager informed us there was a quality assurance process prior to filing. A senior care worker audited the daily records and medication charts for each person before they were filed in the care plans. There was no documented process following this to ensure that the care plans contained accurate and up to date records.

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 20 HSCA 2008 (Regulated Activities) Regulations 2010
	Records How the regulation was not being met: The regulation was not being met as the provider did not ensure that their records were accurate due to the missing information and they were not kept in a secure, accesible way that allowed them to be located quickly.

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 29 September 2012.

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, 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 dentists, primary medical services and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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 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.

 **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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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

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

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

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

Glossary of terms we use in this report

Essential standard

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

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

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

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

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

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

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

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

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

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

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

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

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

Glossary of terms we use in this report (continued)

(Registered) Provider

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

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

Contact us

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