

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

## East Living - Domiciliary Care Service

29-35 West Ham Lane, Stratford, London, E15  
4PH

Tel: 02085222000

Date of Inspection: 31 January 2014

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2014

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

**Supporting workers** ✓ Met this standard

**Complaints** ✓ Met this standard

## Details about this location

Registered Provider	East Living Limited
Registered Manager	Miss Louise Ann Joseph
Overview of the service	East Living Limited is a domiciliary care agency registered to provide personal care to people living in their own homes.
Type of service	Domiciliary care service
Regulated activity	Personal care

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

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## Summary of this inspection

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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 unannounced 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 31 January 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

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### What people told us and what we found

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During our visit we were able to speak with two area managers and the complaints manager at the provider's head office. We were able to assess the provider's policies and procedures on care planning, staff training and development, safeguarding and complaints. We were able to read files of one project manager and three care support staff. We visited one home where carers provided personal care.

We saw that people were treated with respect and dignity. We noted that care plans had been written using pictorial aids and that the provider had taken steps that ensured people had been able to input into their respective care support plans.

People told us the care they received was good; they told us they were happy with their care support workers. Comments included that staff were "wonderful" and "I feel I have the best care ever." Care was provided took into account people's welfare and safety.

People who used the service seemed happy with the care provided. Staff who we spoke with were knowledgeable with regard to the forms of abuse that could occur in people's homes and knew how to escalate any concern. This ensured people were kept safe.

Staff were appropriately supported and trained before they commenced employment. Training records confirmed that the provider ensured that staff received regular supervision and support.

The provider had a robust complaints policy and procedure that staff and people who used this service were aware of.

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

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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

**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

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### Our judgement

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The provider was meeting this standard.

People's privacy, dignity and independence were respected.

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### Reasons for our judgement

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We found that people were involved with the decisions about their care and understood the care choices available to them. People we spoke with told us they understood the choices available to them and staff spoke with them about their support needs. One person we spoke with told us, "I have always been asked what I want and how I want it."

We saw within people's care plans that the provider had taken care to ensure that people and their representatives were involved in decisions with regard to preferences of food and activities. We saw that activities included were music and attending college. Care plans were written pictorially where appropriate. This ensured that people who communicated through non-verbal means were able to understand the choices available to them. We saw that care plans were reviewed on a regular basis. We saw that people were involved with planning their care needs. We found that people were also involved when reviewing their progress against their support strategies.

People we spoke with told us how they were supported in their homes by being involved to undertake household tasks. We noted that people's independence was promoted throughout the day of our inspection. For example, we saw people preparing hot drinks and organising their daily activities. We saw how staff supported people within the local community. We saw a member of staff supported a person to go to their local supermarket to buy their weekly food shopping.

People's diversity, values and human rights were respected. Staff were mindful to respect people's privacy and did not enter their bedrooms without their permission, unless they had concerns over the person's health or safety. People's care plans instructed staff how people liked to be supported and how their dignity and privacy were to be respected. Staff supported people to practice their religious beliefs and accompanied them to church if required.

People we spoke with told us they were treated with respect and dignity by staff. We observed that staff interacted in a professional and respectful way with people who used the service. We noticed that staff knocked on people's doors before entering and one

person we spoke with told us "staff here treat us so well."

**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 meeting this standard.

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

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**Reasons for our judgement**

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During our inspection we reviewed the care plans of three people who used this service. These showed that risk assessments had been completed for each person. Profiles of preferred outcomes had been discussed and agreed. People told us they had good access to healthcare professionals such as doctors, dentists and chiropodists. This was confirmed in people's files.

People who use the service were positive about the care and treatment they received from staff. Everyone had their own individual care plan. Care plans gave guidance to staff about the care and treatment needs of people and staff had a good understanding of the needs of the people they supported. We spoke with three people by telephone and three people that we visited in their home. They confirmed that staff assisted them when they needed support with their care and that staff were very helpful. One person told us they were "very happy with the care provided. It could not be better." They also described staff as "extremely helpful." We saw in people's records that care plans were reviewed every three months during meetings that included the person and their representatives.

We were able to meet with staff who explained how the provider had initiated a "behaviour support plan" system for people who used the service. These were in addition to the provider's care plans which had been developed from care support plans written in most cases by the local authority.

The behavioural care plans had been developed in particular to work with people who might display challenging behaviour. We saw in one person's file how the provider had used the system. This encouraged staff to observe and to make reports throughout the day in an attempt to understand personal issues and events that might be the cause of anxiety and thus challenging behaviour from some people who used the service. We saw in one such behavioural care plan the provider had established that a person would become anxious in the mornings as they did not understand what would happen throughout the day. The provider had developed ways to support the person by ensuring they knew what would happen at each part of the day. The provider achieved this with assistance from the person: their representatives and associated health and care professionals that organised the person's day into manageable sections. This had an immediate positive impact on the person's behaviour. We saw in people's files that this

system had been used with several people with success. This meant that the provider was utilising information and experience from many areas to improve its service and to ensure that care plans were individualised.

There were arrangements in place to deal with foreseeable emergencies. The service had a fire plan and fire alarm system in each of the two homes that we checked. Fire drills were carried out with people on a regular basis and were risk assessed. This ensured people could be kept safe in an emergency. We also saw in training records that staff had completed training in first aid and the management of emergencies.

**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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We spoke to two people specifically about safeguarding. Each person told us that they had always felt safe using services from the provider. One person told us "I have never felt frightened." Another was able to show us the telephone number required if they ever required assistance from outside their home.

We looked at the provider's training records which confirmed all staff had undertaken safeguarding training. This meant staff had the knowledge and awareness of how to protect people from abuse. We spoke with three staff members specifically about safeguarding. They were all able to identify the different forms of abuse that might occur in a care setting. They were also able to tell us how they would identify if abuse was occurring and how they would escalate any concern.

We saw that training was reviewed annually. Staff confirmed they had undertaken training in the Mental Capacity Act 2005 (MCA) and were aware that the service must always act in the best interests of the person when they lacked capacity.

We were able to speak with a service manager at the provider's head office who was responsible for safeguarding. The provider had managed a recent episode when a member of staff had "whistle blown" after discovering that a colleague had financially abuse a person who used the service. We saw how the provider had acted appropriately by suspending the worker and informing the Care Quality Commission and the Local Authority. We noted that the provider had attended a strategy meeting and protected the person. The provider also organised an internal audit of all people whom the provider had managed finances for. This showed us that the provider was able to respond effectively to ensure the safety of people who used the service.

The provider had a clear policy and procedure on safeguarding which we were able to access. Staff had read and signed it as understood during their induction. The policy and procedure was appropriate and supported staff to provide a safe service.

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

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## **Our judgement**

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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.

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## **Reasons for our judgement**

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Staff received appropriate training and professional development. We looked at the staff training records. We saw the provider had a training and development team. Areas of training need were identified during supervision and a report was sent to the training and development team who create an individualised programme.

We found that the staff completed a range of mandatory training in behavioural management, safeguarding vulnerable adults, health and safety, emergency first aid and infection prevention control. Staff told us that they also undertook training to meet the needs of people they cared for. For example they told us that they had undertaken training in mental health, managing aggression, working with autism and care plan development.

We noted from minutes we read staff received supervision on a monthly basis. We saw that this involved subjects such as service user management; practice issues and training needs. We spoke with two staff specifically with regard to training. Both told us that they were happy with the mandatory and vocational training they received. We saw in their respective files that both had completed the National Vocational Qualification to level three.

The staff told us that they received regular one to one meetings with management to look at their personal development, training needs, and discuss how they were meeting people's needs. Staff told us that they were well supported by their management to do their jobs.

**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 people we communicated with told us they had no concerns about the care they received. We spoke with three people who used the service specifically about complaints; they stated that they felt the service provided was very good. They told us they would speak to the senior staff if they had any concerns. We spoke with three staff members with regard to the provider's complaints system. All had read the policy document and were aware of the provider's procedure. The provider had a complaints policy in place which outlined the process for reporting and investigating complaints.

People using the service were given information on how to raise complaints through service user guides. The information provided in the complaints policy included contact details for external agencies such as the local authority and the Care Quality Commission (CQC). The provider also provides people, their representatives and associated health and social care professionals with regular feedback forms. We noted that recent forms returned were all positive in nature.

We were able to meet with the provider's complaints manager who explained the provider's complaints procedure. The provider had a "getting it right" document that was distributed to people who used the service. The document was also available in a pictorial version to assist people who communicate using methods other than verbal means. The complaints manager was able to track a recent complaint; this showed us how the provider's system worked.

The example came from parents of a person who lacked mental capacity to manage their own care. We saw how the complaint was logged, assessed and processed. This procedure included a trend analysis which ensured institutional issues were not apparent. The complaint was allocated to a manager who was independent of the person. The manager met with the person and their family and a resolution to the issue was found. The complaints manager was able to explain to us what would happen if the complaint had not been resolved.

We saw the provider's procedure was able to adapt to different needs and that the procedure included information on access to the ombudsman.

## 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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