

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

Medstar Domiciliary Care Services Limited

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Date of Inspection: 30 August 2013

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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
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Medstar Domiciliary Care Services Limited
Registered Manager	Miss Coral Hinds
Overview of the service	Medstar Domiciliary Care Services Limited is a domiciliary care service based in London Borough of Enfield. The service is provided to people with a learning disability and autism. There is a registered manager for the service.
Type of services	Domiciliary care service Extra Care housing services Supported living 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 30 August 2013, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with carers and / or family members, talked with staff and reviewed information given to us by the provider.

What people told us and what we found

Relatives spoken to were very positive about the care and support provided by Medstar Domiciliary Care Services Limited. Relatives spoke very positively about the care and support they received from the service. They could contact the office when they needed to.

Relatives told us they felt staff understood the needs of the people they supported. They told us that staff had where necessary received particular training in the person's home. They told us that regular checks were carried out by the agency to make sure that people received the quality of care they expected. They were happy with the service and they confirmed they felt consulted.

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 privacy, dignity and independence were respected. 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

Relatives spoken to were very positive about the care and support provided by Medstar Domiciliary Care Services Limited. One relative's comments were typical when she said, "all the staff are helpful." They confirmed that people's needs were understood and that staff treated people with respect. This meant that people were being supported to be involved in decisions about their care.

People who use the service or their relatives had signed their care plans to show that they had been involved in decisions about their care. Care plans emphasised how people would be supported to maintain their independence. People's cultural and language needs were included in their care plans. The registered manager explained that staff were provided with information about people's needs before they visited them. People expressed their views about their care and treatment.

The service had a number of ways in which it maintained contact with people so that they could give their views about the quality of the service. Records were available of regular phone contacts with people or their relatives. There were also records of visits by members of the management team to people's homes to check on whether they were receiving the care they needed. We saw that in both these instances questions were included about the respectfulness of staff and whether people had been kept informed about changes to the service.

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

Relatives spoke very positively about the care and support they received from the service. They could contact the office when they needed to. They confirmed that staff arrived on time, and they were contacted if staff were going to be late for a visit.

We looked at five care plans. These showed that people's needs had been assessed before they started receiving services from the agency. There were assessments carried out by social workers and other professionals. Clear guidance had been provided to staff so that they could meet people's individual needs.

Safety issues were identified in comprehensive risk assessments. Risk assessments included the identification of environmental risks to both people who use the service and staff. Actions taken to control risks were recorded to show how risks were managed. This meant that the risks to people were assessed and plans were put in place to maintain people's safety. Risk assessments in care plans were reviewed on a regular basis. Records of these reviews showed that people and their relatives were involved in decisions about changes to their care. As a result, risks to people were being managed appropriately.

The three staff spoken to could explain the cultural needs of people. They gave examples of when they had met and promoted people's cultural identities. People's cultural and religious needs were identified in their care plans. This meant the service was provided in a way that was sensitive to people's cultural 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

Relatives told us they felt staff understood the needs of the people they supported. Relatives confirmed that staff had where necessary received particular training in the person's home. Relatives knew what support would be provided by staff.

The service's training matrix showed that staff had been trained in mandatory areas, such as manual handling, administration of medication and food hygiene. Staff spoken to confirmed that they had undertaken this training in the last year. Training records also showed that staff had completed training in dementia care and national vocational qualifications. Staff had the skills needed to support people.

Staff said that they had been supervised and supported in their work with people. Records showed that staff had supervision regularly in line with the service's policy on staff development and support. Staff said that supervision helped them to do their work more effectively. Staff told us that they had received an appraisal in the last year. They were clear about how they should develop their skills to meet the needs of people. This enabled managers to monitor the performance and professional development of staff. There were records of appraisals that had taken place this year. This meant 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

Relatives of people who use the service confirmed that regular checks were carried out by the agency to make sure that people received the quality of care they expected. They were happy with the service and they confirmed they felt consulted.

People who use the service were asked for their views on how the service was run, and their views were acted upon. There was evidence that the provider took account of suggestions to improve the service. For example, feedback from people about their care had resulted in changes to their care plans.

Staff told us they were able to make suggestions to improve the service. They felt that staff meetings provided them with a way to raise issues. Staff meeting minutes showed that staff had a regular opportunity to discuss improvements to the service. Staff played an active role in improving the care of people. People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

Regular audits had been carried out covering a range of areas such as accidents and incidents, visit times and care planning. These showed that the quality of service provision was assessed and monitored. Where issues were identified improvements were made.

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.

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