

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

East Midlands Homecare Limited

Millhouse Business Centre, Station Road, Castle
Donington, DE74 2NJ

Tel: 01332813913

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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
Management of medicines	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

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 people 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

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 17 January 2014, talked with people who use the service and talked with carers and / or family members.

What people told us and what we found

People told us that they were involved in making decisions about their care and support and understand what choices are available to them. One person told us "I've been involved from day one. A lady visited me before I started using them so we could discuss what I needed. This was put in place and I get regular visits to check that my support is as we agreed".

People we spoke with were happy with the service delivered by the provider. People said that the care workers provided the support and assistance they needed. One person told us "I can't fault them. The staff are very, very good and friendly. They help me out no end".

We saw that the provider managed people's medication effectively and administered it appropriately when people required assistance. The provider carried out medication risk assessments and completed medication paperwork to show that people received medication when they needed it.

The provider had appropriate recruitment practices in place and we saw that people received necessary checks prior to beginning work.

We saw that the provider had a number of quality assurance and audit processes in place which enabled them to monitor and improve the service they provided.

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

More information about the provider

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

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

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

We spoke with four people who used the service. People told us that they were involved in making decisions about their care and support and understand what choices are available to them. One person told us "I've been involved from day one. A lady visited me before I started using them so we could discuss what I needed. This was put in place and I get regular visits to check that my support is as we agreed". This shows that people have their views and experiences taken into account in the way the service is delivered.

People told us that they have regular reviews with supervisors or managers from the provider to discuss their care plan. People told us that as well as the formal reviews they were able to chat with any of the staff if they felt their needs had changed. People told us that they were aware of their care plan and they had a copy in their home. If their needs changed, the care plan was also changed in agreement with them.

We looked at four care plans of people using the service. We saw that initial needs assessments and ongoing reviews were documented within the plans. The care plans showed who the provider had discussed care and support choices with, which was normally the person using the service and their relatives. We saw that in some cases appropriate professionals were also involved in any reviews carried out. We also saw that people using the service had signed needs assessments or reviews, showing that they agreed with the content. This shows that the provider puts people who use the service at the centre of their care and support by enabling them to make decisions.

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

We spoke with four people who use the service. People we spoke with were happy with the service delivered by the provider. People said that the care workers provided the support and assistance they needed. One person told us "I can't fault them. The staff are very, very good and friendly. They help me out no end". Another person told us "I really don't think I could do without them now". This shows that people experience effective, safe and appropriate care and support.

People also told us that they receive care from regular staff which helps with continuity. They said that if new members of staff were due to deliver care, the new staff member always shadowed a known member of staff so that they were not a 'stranger'. People said this was very good that they always knew who was going to be carrying out care. Rotas are sent out in advance so that people know which staff are working. This shows that the provider plans and delivers care and treatment so that people are safe, their welfare protected and their needs met.

We looked at the care plans of four people who use the service. The care plans we looked at were all person centred and contained accurate and specific information about a person's care needs. The care plans included specific support plans, risk assessments, medication issues, manual handling guidance, brief life histories and activities. These care plans were regularly reviewed and we saw in some changes were made when necessary.

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

We looked at four care plans of people who use the service. We saw that each of these care plans contained specific medication risk assessments for the person. The medication risk assessments identified who was responsible for obtaining and dispensing the medication and what the responsibility of the provider was. Not all people using the service received assistance with their medication. We also saw that medication risk assessments were further carried out when a person's circumstances changed, such as new medication being prescribed. This shows that the provider follows clear procedures and supports people with their medication.

We looked at archived Medication Administration Record (MAR) sheets for five people using the service. MAR sheets are documents that staff record when medication has been given or offered so that there is a clear record of all medication a person has taken. We looked at MAR sheets for the previous two months and saw that they had been completed appropriately and that there were no missing signatures.

We spoke to four people who used the service and asked them about assistance they received with medication. People told us that staff were very good with medication and that it was always given or prompted. People said that when staff are responsible for giving the medication, it is always done and at the appropriate time. This shows that people have their medicines at the times they need them and in a safe way.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

We looked at the personnel files of five people who worked for the provider.

We saw that the personnel files contained identification including a recent photograph. We saw that Disclosure and Barring Service (DBS) or Criminal Records Bureau (CRB) checks had been carried out prior to a person being appointed. A DBS check is a criminal records check that replaced CRB checks. We saw that the provider had obtained references relating to previous employment and that the files contained a person's full employment history.

This shows that the provider has an effective recruitment and selection procedure in place and that they carry out relevant checks when they employ staff.

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

We saw that the Registered Manager carried out annual quality assurance reviews of the service. Annual questionnaires were sent out to people using the service, relatives and visiting professionals. At the time of our inspection questionnaires had been sent out for feedback relating to 2013, with the results feeding into the 2014 quality assurance report.

We saw the previous quality assurance report dated March 2013 and an up to date matrix of all quality assurance reviews that were carried out for each person using the service. Reviews people had received, be they quality reviews or medication risk assessments, were identified as well as audits of care plans or MAR sheets. The report analysed the results from questionnaires as well as staff spot checks, verbal quality reviews and written quality reviews. Following the analysis, the provider summarised the issues identified and then produced recommendations. Any recommendations identified were sent to all staff as a memo, so improvements could be made. This shows that the provider monitors the quality of service that people receive.

We saw that the provider had a complaints policy and procedure in place. The provider had received one complaint since the last inspection and we could see that the procedure had been followed in dealing with it. This shows that the provider takes account of comments and complaints.

We saw that the provider had a disciplinary policy and procedure in place. They also received external expert advice from employment law legal professionals as part of any disciplinary process. We saw that the provider had implemented the disciplinary procedure twice since the last inspection and had followed the system in place. This shows that the provider investigates instances of poor practice they identify as well as gaining professional advice where they do not have the knowledge themselves.

We saw that the provider had risk assessment and management plans in place for the registered office location, environmental risk assessment for people's home addresses and individual risk assessments for people using the service. This shows that the provider identifies, monitors and manages risks to people who use, work in or visit the service.

About CQC inspections

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

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

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

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

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

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

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

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

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

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

How we define our judgements

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

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

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

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

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

How we define our judgements (continued)

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

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

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

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

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

Glossary of terms we use in this report

Essential standard

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

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

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

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

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

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

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

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

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

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

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

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

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

Glossary of terms we use in this report (continued)

(Registered) Provider

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

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

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

Website: www.cqc.org.uk

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