

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

## The Hydro Domiciliary Care Agency

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Date of Inspection: 16 April 2013

Date of Publication: June  
2013

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

<b>Consent to care and treatment</b>	✘	Action needed
<b>Care and welfare of people who use services</b>	✘	Action needed
<b>Management of medicines</b>	✘	Action needed
<b>Supporting workers</b>	✘	Action needed
<b>Records</b>	✘	Action needed

## Details about this location

Registered Provider	Progressive Care Limited
Registered Manager	Ms. Carol Ann Rowlands
Overview of the service	The Hydro Domiciliary Care Agency provides care and support to people in their own homes. The service is operated from the site of Lilybank Hamlet care home in Matlock.
Type of service	Domiciliary care service
Regulated activity	Personal care

## Contents

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

	Page
<hr/>	
<b>Summary of this inspection:</b>	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
What we have told the provider to do	5
More information about the provider	5
<hr/>	
<b>Our judgements for each standard inspected:</b>	
Consent to care and treatment	6
Care and welfare of people who use services	7
Management of medicines	8
Supporting workers	9
Records	10
<hr/>	
<b>Information primarily for the provider:</b>	
Action we have told the provider to take	11
<hr/>	
<b>About CQC Inspections</b>	14
<hr/>	
<b>How we define our judgements</b>	15
<hr/>	
<b>Glossary of terms we use in this report</b>	17
<hr/>	
<b>Contact us</b>	19

## 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 16 April 2013, checked how people were cared for at each stage of their treatment and care and talked with carers and / or family members. We talked with staff, reviewed information given to us by the provider and talked with other authorities.

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### What people told us and what we found

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There were eight people using the service at the time of this inspection, including three people in the apartments attached to Lilybank Hamlet care home. We spoke with two relatives of people using the service and a social worker for one person using the service.

The relatives we spoke with told us they were mostly satisfied with the service provided. One said, "I'm impressed with the lengths they'll go to to ensure the care meets her needs". The other relative said, "Most of the time they understand what she needs. Just occasionally we need to explain". A social worker for one person using the service told us they were happy with the care and support the person received.

We found that people were not always asked for their consent before they received care or treatment. If people lacked the capacity to consent, there were no suitable arrangements for acting in their best interests.

People's needs were assessed, but their care and treatment was not always planned and delivered to meet their needs. This meant that people were at risk of receiving unsafe or inappropriate care or treatment.

We found that medicines were not always correctly recorded. There was insufficient guidance for staff about the administration of some medicines.

We found that staff did not always have the training and supervision to ensure they provided care and support to people safely and to an appropriate standard.

People's personal records were not always accurate or up to date.

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

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## **What we have told the provider to do**

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We have asked the provider to send us a report by 22 June 2013, 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.

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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

### Consent to care and treatment

✘ Action needed

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

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### Our judgement

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The provider was not meeting this standard.

People using the service were not always asked for their consent before they received care or treatment. The provider did not act in accordance with legal requirements where people did not have the capacity to consent.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

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### Reasons for our judgement

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People using the service were not always asked for their consent before receiving care or treatment. We looked at the care records of two people using the service. One person had given their signed consent to allow information about them to be shared as necessary. However, there was no recorded evidence that they and the other person had agreed to their planned care. The care plans included space for the person to sign to indicate their agreement and involvement, but neither person had signed this.

We found that it was not clear from the records we looked at whether anyone was appointed to make decisions on the person's behalf, such as a welfare attorney. This meant that the appropriate person may not be involved in important decisions about a person's care.

Where people did not have the capacity to consent, the provider did not act in accordance with legal requirements. We found that suitable arrangements were not in place to establish, and act in accordance with, the best interests of people using the service. This is required by the Mental Capacity Act 2005 (MCA). This law provides a system of assessment and decision making to protect people who do not have capacity to give their own consent for their care or treatment. The records we saw did not have evidence of capacity assessments and best interest decisions for people who were unable to provide their own consent. For example, one person's relative had signed their tenancy agreement. There was no assessment of the person's capacity regarding this and no evidence of an assessment of how their best interests had been considered.

**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 not meeting this standard.

Although people's needs were assessed, their care and treatment was not always planned and delivered to meet their needs and ensure their safety and welfare.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

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**Reasons for our judgement**

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We spoke with the relatives of two people using the service. They told us they were mostly satisfied with the service provided. One relative said, "I'm impressed with the lengths they'll go to to ensure the care meets her needs". The other relative said, "Most of the time they understand what she needs. Just occasionally we need to explain". Both relatives were satisfied with the reliability of the service. A social worker for one person using the service told us they were happy with the care and support the person received.

People's needs were assessed. The records we saw showed that people's needs were assessed before and after they started using the service. The relatives we spoke with told us that the manager of the agency had assessed the person's needs before the service started.

Care and treatment was not always planned and delivered to meet people's individual needs and to ensure their safety and welfare. The care plans we saw had insufficient information for staff about what to expect or how to provide support that fully ensured the person's safety and well being. For example, one person's mental health condition was noted, but there was no guidance for staff about how to support the person with some aspects of their condition. The other person's care plan lacked detail of how staff should support the person to reduce their anxieties.

The risk assessments we saw were not always accurately completed or kept up to date. One person's risk assessment stated that there were no risks to staff who provided care and support. However, it was apparent that staff were at risk because of the person's behaviour. The other person had relevant risk assessments in place. One of these was dated in January with a review date in February, but it had not been reviewed.

There were arrangements in place to deal with foreseeable emergencies. We saw there was a business continuity plan that covered various contingencies, such as loss of access to the agency office and staff not being available. Staff training records showed that most staff had received training in first aid and health and safety.

**People should be given the medicines they need when they need them, and in a safe way**

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## **Our judgement**

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The provider was not meeting this standard.

People were not always protected against the risks associated with the unsafe use and management of medicines. This was because the provider did not always have appropriate arrangements in place for the safe administration and recording of medication.

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.

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## **Reasons for our judgement**

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There were appropriate arrangements in place in relation to obtaining, handling, storing and safe keeping of medicines. We saw that people using the service had an assessment of their needs regarding medicines. This included a risk assessment of their ability to safely manage their own medicines. Where people needed support with medicines, this was included in the risk assessment, including how medicines should be obtained and stored.

Medicines were not always properly recorded and there was a risk that some medicines were not correctly administered. We found there was no protocol in place for one person who had medication prescribed 'as required' to support them with managing their behaviour. This meant that the person might not get the medicine when they needed it. Protocols should be used when medicines are prescribed to be used 'as required'. The protocols provide staff with information about when and why the medication might be required, and the doses that could be given.

We looked at the medication administration records (MARs) for two people using the service. We found that some MARs had the instructions handwritten by staff. The instructions had been signed by the member of staff who had written them, but not countersigned by another staff who had checked them as correct. This is recommended as good practice to ensure people are given their medicines according to the prescriber's instructions. We found that there were some gaps on the MARs. This meant it was not clear if the person had been given the medicine or not. Staff administering medication must sign the MAR or use a code letter to show why the medication was not given.

**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 not meeting this standard.

Staff did not always receive the training and supervision required to ensure they provided care and support to people safely and to an appropriate standard.

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.

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## Reasons for our judgement

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The relatives we spoke with were positive about the staff providing the service. They told us that the staff were patient, kind and, "My mother seems to like all of them". The relatives said that staff were usually competent in providing the care the person required.

Staff received appropriate training, although there were some gaps in staff training. We found that most staff had received training in health and safety, first aid, safeguarding vulnerable adults, infection control, medication, and moving and handling. We saw that staff had also received training that was specific to the needs of some of the people using the service. This included training in dealing with challenging behaviour. However, we found that not all staff had received training in fire safety. The training records showed that 6 out of 13 staff had received this training, and 3 of these staff had last received the training more than 2 years ago. We also found that 6 staff had received training about the Mental Capacity Act.

Staff did not always receive appropriate supervision and appraisal. We found that there was a system in place for staff to have supervision from the manager. We saw records of supervision that showed staff had the opportunity to discuss their training and personal development needs. However, we found that not all staff had regularly received supervision and we did not see any annual appraisals of staff.

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

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## **Our judgement**

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The provider was not meeting this standard.

Staff records were accurate and all records were kept securely. However, people's personal records were not always accurate or up to date. This meant that people using the service were not always protected from the risks of unsafe or inappropriate care.

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.

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## **Reasons for our judgement**

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Records of the care and treatment of people using the service were not always accurate or up to date. We found that people's care plans and risk assessments did not always have sufficient information and were not always reviewed as planned.

Staff records were accurate and fit for purpose. We looked at the records for two members of staff and found that all the required information and documents were in place. This included evidence that staff had relevant experience and skills for the job and records of the relevant checks carried out by the provider.

Records were kept securely and could be located promptly when needed. We saw that records with personal and confidential information were stored in lockable cupboards or filing cabinets. Records were easily accessible to staff. We saw the provider's policies about storing, archiving and disposing of records. The policies were up to date and had detailed guidance for staff.

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	<p><b>Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010</b></p> <p><b>Consent to care and treatment</b></p> <p><b>How the regulation was not being met:</b></p> <p>The registered person did not have suitable arrangements in place for obtaining, and acting in accordance with, the consent of service users, or the consent of another person who is able lawfully to consent to care and treatment on that service user's behalf; or for establishing, and acting in accordance with, the best interests of the service user. Regulation 18(1)(a)(b)</p>
Regulated activity	Regulation
Personal care	<p><b>Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010</b></p> <p><b>Care and welfare of people who use services</b></p> <p><b>How the regulation was not being met:</b></p> <p>The registered person had not taken proper steps to ensure that each service user was protected against the risks of receiving care or treatment that is inappropriate or unsafe. Regulation 9(1)(b)(i)(ii)</p>
Regulated activity	Regulation
Personal care	<b>Regulation 13 HSCA 2008 (Regulated Activities) Regulations</b>

This section is primarily information for the provider

	<p><b>2010</b></p> <p><b>Management of medicines</b></p> <p><b>How the regulation was not being met:</b></p> <p>The registered person had not made appropriate arrangements for the recording and safe administration of medicines. Service users had not been protected against the risk associated with the unsafe use and management of medicines. Regulation 13</p>
Regulated activity	Regulation
Personal care	<p><b>Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010</b></p> <p><b>Supporting workers</b></p> <p><b>How the regulation was not being met:</b></p> <p>The registered person did not have suitable arrangements in place to ensure that staff received appropriate training and supervision. Regulation 23(1)(a)</p>
Regulated activity	Regulation
Personal care	<p><b>Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010</b></p> <p><b>Records</b></p> <p><b>How the regulation was not being met:</b></p> <p>The registered person had not protected service users against the risks of unsafe or inappropriate care and treatment arising from a lack of proper information about them. Regulation 20(1)(a)</p>

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 22 June 2013.

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

**This section is primarily information for the provider**

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, 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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