

***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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We inspected the following standards to check that action had been taken to meet them. This is what we found:

Consent to care and treatment	✘	Action needed
Care and welfare of people who use services	✔	Met this standard
Management of medicines	✔	Met this standard
Supporting workers	✔	Met this standard
Records	✔	Met this standard

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'.

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Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether The Hydro Domiciliary Care Agency had taken action to meet the following essential standards:

- Consent to care and treatment
- Care and welfare of people who use services
- Management of medicines
- Supporting workers
- Records

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 22 October 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 staff, reviewed information given to us by the provider and talked with commissioners of services.

What people told us and what we found

There were eight people using the service at the time of this inspection, including four people in the apartments attached to Lilybank Hamlet care home. We met three of the people using the service and spoke with two staff.

We found that the provider had taken action following our last inspection. This had resulted in changes and improvements to how care was planned and delivered. Medication was given safely and recorded correctly and there were systems to monitor this. People's personal records were up to date and included full details of their needs and individual preferences. Staff were up to date with required training and had regular supervision to support them to meet the needs of people using the service.

The provider had taken some action to ensure that people were asked for their consent before they received care or treatment. However, we found that people were not always asked for consent to their care. Assessments of people's capacity to consent were in place but were not in line with the relevant legislation. This meant that people's rights may not be protected and upheld.

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

What we have told the provider to do

We have asked the provider to send us a report by 09 December 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.

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

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

Our judgement

The provider was not meeting this standard.

Before people received any care or treatment they were not always asked for their consent. Where people did not have the capacity to consent, the provider had not always acted in accordance with legal requirements.

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

Reasons for our judgement

At our previous inspection in April 2013 we found the provider was not meeting this standard. This was because people using the service were not always asked for their consent before receiving care or treatment. We also found that the provider was not acting in accordance with legal requirements where people did not have the mental capacity to consent.

At this inspection we found that people using the service were not always asked for their consent to care and treatment. We looked at the personal records of two people using the service. Both records had some documents signed by representatives of the person. Neither of the records showed agreement from the person, or their representative, to their care plans.

We found that the provider had made arrangements 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. However, we found that the assessments completed were not in line with the MCA. We saw capacity assessments for two people. One of the assessments was not dated and neither of them showed why and how the person's capacity was assessed. This meant that people's rights may not be protected or upheld.

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

At our previous inspection in April 2013 we found the provider was not meeting this standard. We found that people's needs were assessed, but their care and treatment was not always planned and delivered to meet their needs and ensure their safety and welfare. Risk assessments were in place but had not always been kept up to date.

At this inspection we found that changes and improvements had been made to care plans to ensure that care was planned and delivered to meet people's individual needs. We saw the care plans for two people using the service. Both care plans had clear details of the care and support the person needed. The care plans included information about the person's preferences regarding their daily routines and the care provided. The daily records we saw showed that care was provided in line with the care plans.

We saw that relevant risk assessments were in place and had been regularly reviewed.

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

At our previous inspection in April 2013 we found the provider was not meeting this standard. This was because medicines were not always safely administered or properly recorded.

At this inspection we found that the provider had put measures in place to check that medicines were being given correctly and properly recorded. There were regular checks of the medication administration records. We looked at the medication administration records for two people using the service and found these were correctly completed. We saw that protocols were in place for all medicines prescribed to be used 'as required'. The protocols had details for staff about when and why the medication might be required and the doses that could be given.

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

At our previous inspection in April 2013 we found the provider was not meeting this standard. This was because there were some gaps in staff training and supervision.

At this inspection we found that staff were up to date with most of their required training, with dates planned for training needed.

We found that staff had received supervision since our previous inspection. Staff we spoke with told us they found the training and supervision helpful. One staff said, "It's quite a change from my previous job, but I've loved it. There's been a lot to learn but they make sure you get all the training."

Records

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

At our previous inspection in April 2013 we found the provider was not meeting this standard. This was because people's personal records were not always accurate or up to date.

At this inspection we found that changes and improvements had been made to people's personal records. The two records we looked at were up to date with sufficient information about people's needs and how they were to be met.

This section is primarily information for the provider

✘ Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment
	How the regulation was not being met: The consent of service users, or others acting on their behalf, to their care and treatment had not always been obtained. The best interests of service users had not always been established or acted in accordance with. Regulation 18(1)(a)(b)

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 09 December 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 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.

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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