

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

## 16 Brimley

Leonard Stanley, Stonehouse, GL10 3LZ

Tel: 01453826619

Date of Inspection: 08 April 2013

Date of Publication: May 2013

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

<b>Respecting and involving people who use services</b>	✓	Met this standard
<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Safeguarding people who use services from abuse</b>	✓	Met this standard
<b>Management of medicines</b>	✗	Action needed
<b>Staffing</b>	✓	Met this standard
<b>Statement of purpose</b>	✗	Action needed
<b>Assessing and monitoring the quality of service provision</b>	✓	Met this standard

## Details about this location

Registered Provider	Mrs Denise Flack
Overview of the service	The provider is registered to provide domiciliary care services to people in their own home. The service is only provided to three people who live at 16 Brimley, Leonard Stanley, Gloucestershire.
Type of service	Domiciliary care service
Regulated activity	Personal care

## Contents

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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 announced 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 8 April 2013, 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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We met and spoke briefly with two of the three people supported by the service. Both had a good rapport with the provider / manager, were at ease in their home environment and looked well cared for. All care and support was provided by the provider / manager and one carer.

The provider / manager spoke knowledgeably about the three people the service supported. They had been supporting them for many years; initially in a residential care setting and then by supporting them in the community with domiciliary care support. There were appropriate measures in place to safeguard individual's finances where the person lacked capacity to manage their own financial affairs.

The provider did not have appropriate arrangements in place for recording or administering medicines. This meant that people could be at risk of receiving the wrong medicines.

The provider did not provide people who used the service with the correct details about the aims and objectives of the service, or set out the service delivery arrangements.

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 16 May 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

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

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### Reasons for our judgement

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We met and spoke with two of the three people supported by the service. We were only able to talk with them for a short period before they went out to attend a social function. Both had a good rapport with the provider / manager, were at ease in their home environment and looked well cared for. Our observations during the inspection of the many telephone interactions between one person and the provider were that there was a good relationship between both parties.

Information recorded within the assessment documentation and care plans, showed that each person had been involved with decisions on how they wanted to be supported and how they wanted to live their life. We saw that a record about the person's daily routine was recorded.

**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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We only met two of the people that were being supported for a brief moment before they went out to a social function. They had told the manager that they did not want to participate in the inspection process because of a previous upsetting experience with an official visitor to their home.

We asked the provider /manager about the three people supported. They spoke knowledgeably about them as they had been supporting them for many years initially in a residential care setting and then by supporting them in the community with domiciliary care support.

We looked at the support plans for the three people. The plans had been written by the manager and carer and were based upon an extensive knowledge of each person's care needs, preferences and dislikes. The plans provided detailed information about how the planned care was to be provided. The plans did not include a timetable showing when support was to be provided to each individual throughout the week. We were told that the local authority or the mental health team were in the process of completing re-assessments of each person's needs in order to determine the number of hours of support time each person was to be funded for. The provider may like to note that a timetable for each person would show when these support hours were to be provided.

We saw that a risk assessment had been undertaken in respect of the home and the working environment that the manager / carer had to work in. A risk assessment had also been completed in respect of moving and handling procedures for one person and a safe handling plan devised. We also saw medication assessments to determine whether people needed support with their daily medicine regime. We found that there were measures in place to protect the carer in undertaking their duties however we have referred to improvements that need to be made in respect of management of medicines in outcome 9.

Each person's care plan had been reviewed and updated since our last inspection. We saw that temporary changes had been made to one person's plan whilst they had recovered from a surgical procedure.

**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 used 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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When we visited in May and July 2012 we found that the provider did not have adequate systems in place to show that the financial arrangements that had been set up with each person, were agreed upon or were being handled correctly. There had also been a high level of concern that the three people lacked the capacity to manage their own financial affairs. Since that inspection the arrangements for management of the financial affairs for each person had been amended. The financial affairs for each of the three people were now managed by the 'Client Affairs' department of Gloucestershire County Council. The provider / manager and carer continued to support people to access their money, and kept records where they had supported or been involved in financial transactions. The provider may like to note that no agreement had been made between the two parties to charge for mileage costs when transport was provided by the provider / manager or the carer.

We looked at the safeguarding policy dated September 2012 and the whistle blowing policy dated October 2012. The policies contained the contact details and telephone numbers of the local authority and the Care Quality Commission.

The provider / manager completed safeguarding adults alerter training in September 2009 and level two safeguarding adults – the role of partnership agencies in July 2011. The carer had attended the alerter training in 2009. We asked the provider / manager what they would do if there were concerns about the safety of any of the three people supported and they referred to correct reporting protocols.

**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 protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines.

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 two people who used the service but their feedback did not relate to this standard. The provider / manager told us that the service only provided support with medicines to one person. The other two people who received support for the service were able to manage their own medicine regimes.

We looked at the medicines policy. This was called Medication Administration in the Community (Domiciliary Care Services) and had been implemented by the provider 12 July 2013. The policy stated that assistance with medicines was only provided after written consent had been provided and the support was part of the person's care plan. It also stated that a named healthcare professional would have provided a written list of medicines and that all care workers would have updated their medication awareness training on an annual basis. The policy also stated that as part of the care assessment process, the level of support a person needed had to be agreed and could be one of four categories. Support ranged from help ordering and collecting prescriptions (level one) up to total medication management and direct administration (level four).

We asked about the arrangements that were in place for the person supported with their medicines. We saw that a medication assessment had been completed and the person had signed their agreement and consent to receive support. We looked at the medication record forms. Details on the form regarding the person's medicine regime had been completed by the provider / manager and not by a healthcare professional. Medicines were supplied by the chemist in packets and the provider / manager was removing the tablets and placing them into different compartments in a weekly medicines box. The provider did not have appropriate arrangements in place for recording or administering medicines.

The provider / manager had completed an awareness of the principles of safe handling and administration of medicines in July 2011 and a refresher course in July 2012. The carer had not received any medicines training since 2011. The provider / manager told us that for most of the time they supported the person with their medicines however the previous week the carer had been solely responsible for the person's support as the

provider / manager was away.

## Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

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### Our judgement

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The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

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### Reasons for our judgement

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The three people supported by the agency received their care and support from the provider / registered manager, or the one employed carer. The care and support provided to each person met their daily living and social needs, however was not planned on a timetabled basis. The three people were used to living together for a number of years and were inter - dependent upon each other. At the time of our inspection the staffing arrangements were based upon the three people together rather than the three individuals separately.

The provider may like to note that they did not have systems set up to evidence how staff were allocated to each of the three people on an individual basis. When the local authority or the mental health services complete their re-assessment process and determine the care and support needs for each person and the number of weekly support hours, the provider / manager will need to be able to evidence that the funded numbers of hours had been provided.

**The service must tell us about what kinds of services it provides**

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**Our judgement**

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The provider was not meeting this standard.

The provider's statement of purpose did not meet the legislative requirements and did not clearly outline the function of the service.

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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We had not planned to look at this outcome during our inspection but in each person's care file we saw a copy of a statement of purpose. The provider / manager said that it had not been reviewed or updated and there was no other statement of purpose for the service. The document bore no relevance at all to the domiciliary care service (regulated activity personal care) provided by Mrs Denise Flack (the registered provider).

The document was old and referred to the previous residential care home service that the three people had lived in. The home had been run by this registered provider but was no longer a registered service. This means that the people who used this service were not provided with accurate information about the service they now received, were not informed about the aims and objectives of the service, or the kinds of service that could be provided.

The provider had failed to keep the statement of purpose under review or make the appropriate changes to the document when the service changed from being a residential care home to a domiciliary care agency.

## 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

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### Our judgement

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The provider was meeting this standard.

The provider had a system to assess and monitor the quality of service that people received.

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### Reasons for our judgement

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When we visited in May and July 2012 we found that the provider did not have an effective system in place to identify, assess and manage risks to the health, safety and welfare of the three people who used the service.

On this visit we found that there had been some progress. The provider / manager had reviewed some of the policies and procedures however further work needed to be done to ensure that the service provided adhered to those policies.

The provider had used a service user questionnaire to record the views of the three individuals and last distributed these in March 2012. There were already plans to distribute the forms again but the provider / manager had been advised by the local authority that independent support had to be arranged for the three people to help them complete the forms. This would ensure they were able to express their views freely.

We looked at the care files for the three people who were supported. Each of the care plans had been reviewed and updated since the last inspection. This meant that people received the care and support that met their needs.

No complaints or concerns about the services provided had been raised with us either by people who used the service or health and social care professionals involved in the individuals care. There had been one accident/ incident that the provider / manager had told us about via the notification process.

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 13 HSCA 2008 (Regulated Activities) Regulations 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 does not have systems in place to protect service users against the risks associated with unsafe use and management of medicines. They are not adhering to their medicines policy and staff are not adequately trained.</p> <p>Regulation 13.</p>
Regulated activity	Regulation
Personal care	<p><b>Regulation 12 CQC (Registration) Regulations 2009</b></p> <p><b>Statement of purpose</b></p> <p><b>How the regulation was not being met:</b></p> <p>The registered provider's statement of purpose did not meet the legislative requirements and did not clearly outline the function of the service.</p> <p>Regulation 12(2).</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 16 May 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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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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