

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

HRGO Recruitment Ltd - Healthcare Division

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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

Safeguarding people who use services from abuse ✗ Action needed

Management of medicines ✗ Action needed

Supporting workers ✓ Met this standard

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

Records ✗ Action needed

Details about this location

Registered Provider	HRGO Recruitment Ltd
Registered Managers	Miss Nicola Byrne Mr. Trevor Dunn
Overview of the service	The office for HRGO Recruitment Limited is situated near the centre of Sale and close to bus routes and Metrolink services into Manchester and surrounding areas. The agency provides a personal care service to adults living in their own homes within Greater Manchester.
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

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 21 November 2012, 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.

What people told us and what we found

Four people told us that support staff treated them with respect and that their rights to privacy, dignity and independence had been maintained. One person commented, "Staff cover me with a towel when they provide my personal care. They are very good at doing that."

People using the service had participated in their care plans. These documents clearly identified each individual's preferences for how they wanted their care and support to be provided. One person told us that if something needed to be changed they would speak to the coordinator and they would deal with it.

Four people told us that their care and support was provided in a safe manner. None of the people we spoke with had any concerns about this service. One person said, "The staff are easy to get on with" and another person told us that "What staff do suits my preferences. I have no concerns whatsoever."

We found some concerns with the way medication was being handled and there were examples of poor recording in relation to the administration of medicines. The provider acknowledged our concerns and gave an assurance that improvements would be made as a matter of priority.

From conversations with staff and evidence found in personnel files, we found that staff had regular opportunities to develop their skills and knowledge by attending annual training sessions. A support worker told us that they received good support and that there was always somebody on hand if they needed advice.

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 26 December 2012, 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

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

During our visit we looked at five care plans. People using the service, or their representatives, had signed the care plans to confirm that they agreed with the contents. Each plan contained the individual's personal history, their likes and dislikes and their preferences for how they wanted their care and support to be provided.

Care plans also provided evidence that people using the service had been encouraged to manage their own care wherever this had been assessed as appropriate. One person was receiving support to learn new skills and develop the self-confidence to participate in a range of community activities. We spoke to this person and asked them about the support they received. They told us that they had developed a good relationship with their support worker. They said, "I get on with X and it is working well. X encourages me to try new things, but if I don't like them I don't have to do them again. I am not very confident in unfamiliar places, but I am ok when I am with my support worker."

We spoke with four people using the service and they all confirmed that their support workers were respectful. They told us that their care and support was provided in a private and dignified manner. One person said, "Yes they do respect my privacy and dignity. They cover me with a towel when they help with my personal care. They are very good at that."

We saw evidence in the five care plans that the coordinator regularly contacted people, either by phone or in person, to ask if they were satisfied with the support they were receiving.

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

At the time of our visit care and support was being provided to approximately twenty people, the majority of which were receiving end of life care. The five care plans we looked at contained detailed assessments of need. Risks to the safe delivery of care had been identified and assessed appropriately. Detailed guidance had been written down to inform support staff what they must do to keep each person safe from accidental harm. We saw that people had been assessed for the support they needed with maintaining safe mobility. A member of staff told us they had identified that additional support was needed for a person they were supporting. To address this they had made a referral to an occupational therapist for assessment of the person's safety when using the bathroom independently. This demonstrated that staff respected the rights of people using the service to independence, privacy and dignity.

Care plans had been written in the words of the person receiving care and support. The plans identified what was important to the person and how they wanted their care and support to be provided. We saw evidence that the coordinator and support staff regularly consulted with health and social care professionals, to ensure that people received care and support that was in their best interests. Care plans also contained published evidence to inform support workers about good practice in relation to the care and support they were providing.

We saw written evidence that care plans had been reviewed on a regular basis. The four people we spoke with told us that the coordinator kept in touch with them, either by phone or in person. One person told us, "I know X well. If I need anything changing with regard to my care, I get in touch with X and she sorts it." Another person told us, "The staff are lovely and very kind. I couldn't wish for better care."

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was not meeting this standard.

People who use the service were not always protected from the risk of abuse. This is because the provider had not taken reasonable steps to identify the possibility of abuse and prevent abuse from happening for one person using 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.

Reasons for our judgement

The training manager provided us with the policy and procedures in place for safeguarding people using the service from abuse. These documents were up to date and contained the information required to safeguard people from harm. A group of staff were receiving this training on the day of our visit.

Three personnel files contained evidence that staff had attended safeguarding training every twelve months. We asked two members of staff what action they would take if it was suspected or alleged that a person using the service was at risk of abuse. They were both able to confidently describe the action they would take to safeguard people from harm. One support worker said, "If I saw anything that placed a service user at risk I would report it immediately."

We asked four people using the service if they felt when they received care and support from this service. Each person confirmed that their care and support was provided in a safe manner. One person said, 'I have no concerns whatsoever.' Another person told us, 'I feel a bit nervous when I am in unfamiliar places, but not when I am with my support worker.'

The coordinator and registered manager told us that if it was suspected or alleged that a person using the service was at risk of abuse, a safeguarding referral would be made to the local authority for investigation. We found an email from Greater Manchester police in one of the care plans that we looked. This told us that the person had reported an incident to the police. They had emailed the provider to tell them that they would not be investigating, due to the length of time that had elapsed since the alleged incident occurred. Following our visit we spoke to the person using the service and asked them if they had received any feedback on the outcome of their allegation. They told us that they knew the police were not investigating, but they had not been contacted by the service providing their care. They said that the issue remained unresolved and that they were still concerned for their personal security. We asked the registered manager why they had not made a referral to the safeguarding team at the local authority. They told us they had assumed that because the police were not investigating, that nothing more could be done

to resolve the issue. We spoke to the coordinator and they agreed to make a retrospective safeguarding referral.

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

Our judgement

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 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

We looked at this standard because we found that appropriate arrangements were not in place in relation to the recording and handling of medicines.

Medication care plans in three of the records we saw stated that the people were administering their own medication. From talking to the three people using the service and a support worker we found that staff had been administering their medicines for some considerable time. The three people we spoke with were confident that they were receiving their medication in accordance with their doctor's instructions. Two people said, "The carers take my medicines out of the dosette box, hand them to me and I take them" and "The carers take it out of the blister pack and I check that it is correct before I take them." The third person confirmed that the support workers administered their medication. Although the three people's care plans had been reviewed this change had not been recorded.

We found that pain relief for one person was regularly being dispensed from a bottle and left in the fridge, or on a table, for the person to take later. No risk assessment had been undertaken to ensure that it was safe to do this.

These shortfalls in the standards of safe management of medicines, potentially placed the health and welfare of people using the service at risk of harm. The coordinator explained that due to the nature of the complex needs of the people they provided support to, they had found it time-consuming to hand write all the support plans. They were currently transferring from handwritten support plans to electronic ones, which would speed the process up. The provider acknowledged our concerns and told us that they would ensure that the coordinator had the resources available to ensure that care plans and risk assessments were reviewed and updated as a matter of priority.

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

During our visit to the agency's office we looked at the personnel files belonging to three members of the support staff. We also had conversations with two support workers, the care coordinator, the training manager and the registered manager.

The personnel files contained training certificates to show that each member of staff received annual mandatory training. This was confirmed in a conversation we had with the training manager. All support workers had received training in such areas as safeguarding adults from abuse, health and safety, food hygiene, moving and handling, medication administration and the Mental Capacity Act. Two support workers told us that the training was good and that they received good support from the management of this service. We also noted that personnel files recorded training in specialist areas, such as Parkinson's disease. We saw that newly appointed staff had undergone a robust induction following their appointment. During their induction support workers had shadowed a more experienced member of staff. The provider may find it useful to note that we did not see any evidence that staff had been assessed as competent following training in medication administration or moving and handling. We spoke to the coordinator about this. They told us that they did observe staff practice, but this had not always been recorded. We saw evidence in personnel files that the coordinator had carried out regular unannounced spot checks to ensure that care and support was being provided safely.

We saw that a support worker attended the office during our visit to have supervision with their line manager. Personnel files also confirmed that staff had been offered regular one to one time to discuss their work with their manager. A support worker told us that there was a 24-hour on call system in place and that this worked well. They said, "We can ring at any time if we need advice. There is always somebody there."

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.

Reasons for our judgement

The provider had a system in place to review and improve the standard of care and support received by people using the service. This system had been effective in most aspects of service review. However, we were concerned to find that medication care plans had not been updated to reflect the actual care and support that three people using the service were receiving. The provider acknowledged our concerns and told us what action they would take to address this.

Care plans had been reviewed regularly and we saw written evidence that the coordinator had visited people using the service several times. The four people we spoke with said that the coordinator visited them and they also received telephone calls to ask if their care was being provided appropriately. They were encouraged to express their views about their satisfaction with the service during contact with the coordinator. We also noted that the coordinator undertook regular unannounced spot checks to make sure that support workers were providing safe and appropriate care.

We were shown evidence that the provider undertook anonymous satisfaction surveys on a regular basis. One person made the following comment in their completed survey, "We are very happy with the care being given and the carers are most friendly and courteous at all times."

The provider had an appropriate system in place for investigating and responding to complaints about the service provided. We saw evidence that the provider had responded appropriately to a person who had made a complaint in the previous twelve months.

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

Our judgement

The provider was not meeting this standard.

People were not protected from the risks of unsafe or inappropriate care and treatment, because accurate and appropriate records relating to the administration of medicines had not been maintained.

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.

Reasons for our judgement

At the time of our visit a personal care service was being provided to approximately twenty people living in their own homes. The majority of people using the service were receiving end of life care and as such, they had been prescribed several different medicines, including controlled drugs. We found that three people, whose care plans stated that they were prompted by staff to take their medicines, were actually being administered the medicines by support staff. This was confirmed in conversation with the three people using the service and a support worker. None of the three care plans had been updated to reflect these changes.

We saw that recording on the Medication Administration Records (MARs) for four people was poor. Medicines in blister packs had been signed as 'administered from the blister pack' with no detail of the medication contained in them. Medicines separate from the blister packs had been handwritten on the MARs, with no strength recorded or frequency of administration e.g. 'Warfarin - take as directed in the little yellow book.' We saw from the records that at some stage this person had been prescribed 1mg and 3mg Warfarin. Staff had signed to say that they had administered it, but there was no record of the dose given to the person.

Bound books were used to record medication and support workers' notes. Because some people were on many different types of medicines, staff were often running out of space in the books, so they had begun to write medication records on any space available. Consequently, it was impossible to determine if people had received their medicines as prescribed by their doctors.

We saw a number gaps in four people's records, where support workers had not signed to confirm that medication had been given. Because there were no frequencies recorded for when people should take their medicines, it meant there was no audit trail to confirm if people had received their correct medication.

One person was prescribed a controlled drug for pain relief. We saw two entries in the medication records relating to the administration of Oxynorm for pain relief. The two

entries queried whether the person was receiving their pain relief in accordance with their GP's instructions. There was no written evidence that either of these concerns had been followed up to determine if the person had been administered their correct medicine. We also saw evidence in the records stating that support staff had left the person's pain relief, either in the fridge, or on a table, for the person to take later. There was no assessment of risk in the person's care plan to ensure that it was safe to do this.

We found several examples of 'as required' medicines being administered to three people using the service. The registered manager confirmed that they did not have any guidelines in place to ensure that people were administered these medicines in line with the recommended maximum doses.

The service's medication policy and procedures gave clear guidance for good practice in the safe administration of medicines. However, it was clear that support staff and management were not following their own policy and procedures. This was pointed out to the registered manager during the inspection, as were all the other concerns with medication recording that we found. The manager and coordinator confirmed that the review and updating of all care plans, for people receiving support with their medication, would be given priority

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>Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010</p> <p>Safeguarding people who use services from abuse</p> <p>How the regulation was not being met:</p> <p>The registered manager did not take the appropriate action to safeguard the welfare and safety of a person using the service.</p> <p>Regulation 11 (1) (a) (b)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010</p> <p>Management of medicines</p> <p>How the regulation was not being met:</p> <p>Effective arrangements were not in place for reviewing and updating medication care plans, in order to protect people from the risk of unsafe management of medicines.</p> <p>Regulation 13</p>
Regulated activity	Regulation
Personal care	<p>Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010</p> <p>Records</p>

This section is primarily information for the provider

	<p>How the regulation was not being met:</p> <p>Accurate records were not in place to provide evidence that three people using the service were receiving their medication as prescribed by their doctors.</p> <p>Regulation 20 (1) (a)</p>
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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 26 December 2012.

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 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.

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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