Inspection Report

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

Heath Lodge Care Services Limited

March House, 2 Sussex Street, Bognor Regis, PO21 1SF

Tel: 01243822209

Date of Inspection: 23 July 2013

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Heath Lodge Care Services Limited
Overview of the service	Heath Lodge Care Services Limited is a domiciliary care agency located in Bognor Regis, West Sussex. The agency provides a range of care and support packages to people in their own homes. They provide services to adults with physical disabilities, dementia and other conditions. At the time of this inspection the agency did not have a registered manager.
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'.

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 announced 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 23 July 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 carers and / or family members and talked with staff.

What people told us and what we found

At the time of this inspection we were informed that the agency was providing personal care to 72 people. We spoke to 11 of these people, or their relatives, and five care workers. We also spoke with representatives of the provider as the agency did not have a registered manager at the time of this inspection.

Every one of the people spoken with told us that their care was personalised to their needs and that they were happy with the service they received from the agency. For example, one person said, "The agency has been good at understanding my needs. They are very gentle and kind". A relative told us, "The girls are lovely and helpful. They do a good job. The agency keeps us informed of changes and treat dad so kindly".

People told us that care workers respected their wishes with regard to the care they wanted. They also told us they had no concerns about the infection control practices undertaken by care workers.

Everyone that we spoke with said that they felt confident that issues would be resolved if raised with management of the agency. For example, one person told us, "I know I can speak to X or X (referring to staff at the agency office) at any time. They are happy to help".

The evidence we gained during this inspection supported the comments made by people and their relatives.

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

More information about the provider

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

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

Our judgements for each standard inspected

Consent to care and treatment ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. A representative of the provider told us that people's views with regard to the care they were to receive had been obtained during the initial assessment. From this, if the individual was happy with the service to be provided, they signed a care plan, which confirmed they agreed and consented to the service to be provided. We looked at four people's care plans. All had been signed by the individual concerned. The care plan format in place at the agency included a section that informed people that, by signing the care plan they were consenting to its contents being delivered. People that we spoke with confirmed that they had consented to the care they received. They told us that care workers checked with them that they were happy with support being provided on a regular basis. For example, a relative of one person told us, "They always check X (referring to family member) is happy with the care they are going to provide and offer alternatives, for example if he does not want a shower they will offer a full body wash". Another person told us, "They always do what I ask of them and if I tell them not to do something they listen. They respect, if I don't want things done".

A representative of the provider told us that the agency monitored that people's wishes were respected and acted upon during spot checks when care workers were observed at people's homes, during telephone reviews and staff supervision. Records that we viewed and discussions with care workers confirmed this. As one care worker informed us, "Consent and choice is the basis of what we do. For example, even if the care plan says a person has a shower on Tuesdays I always say to the person today is shower day, are you happy with this or would you prefer a wash. They might not want a shower that particular day".

Where people did not have the capacity to consent, the provider acted in accordance with

legal requirements. We were informed that no one who currently received a service from the agency lacked capacity to consent. On the day that we visited the agency office there was no policy in place for consent. However, this was supplied to us within 24 hours of our visit. The policy included reference to the Mental Capacity Act 2005 (MCA) and detailed steps that should be taken if a person did not have the capacity to consent. A representative of the provider demonstrated understanding of the MCA and their responsibilities if they thought someone did not have capacity to consent. We were informed that some care workers had received mental health awareness training which also included the MCA. Records that we looked at and discussions with care workers confirmed this.

Care and welfare of people who use services ✓ Met this standard

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

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked at the care records of four people. All included an assessment of their needs. From the assessments care plans were in place that detailed how people's individual needs should be met. Care workers that we spoke with were able to explain the care and support people required. Their descriptions corresponded with the contents of people's care plans. People who received a service or their relatives told us that they were happy with the support they received. For example, one person told us, "The carers are absolutely wonderful, really caring. It's all about making you feel better and they certainly do that". Another person told us, "I've been really pleased with the service. They are always jolly and helpful. They help me wash and dress and make sure I'm alright".

People also told us they had copies of their care plans in their home and that they had agreed the contents.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. People's records included risk assessments for identified areas of need that included the environment, personal care, mobility and medication. Records confirmed that, where people had been assessed as requiring two care workers to visit them, this had been provided. This ensured people were not placed at risk by unsafe moving and handling practices.

Care visit records were in place detailing on-going care, the time the care workers arrived and the time the care workers departed. In the main, those we sampled provided evidence that people received their visits at the agreed times. People that we spoke with told us that in the main care workers arrived at the agreed times. They also told us that usually they received a telephone call from the agency to inform them if care workers were going to be late.

Records and discussions with people confirmed that support provided to people was flexible. For example, if people had hospital appointments, their call times were altered to accommodate this. As one person explained, "I speak to the manager when I have a

hospital appointment and they arrange a different time for my visit. They are very good like that".

People's care and treatment was planned and delivered in a way that protected them from unlawful discrimination. The assessment process included asking people the preferred gender of care workers they would like. People that we spoke with told us that they felt their individual needs and preferences were met by the agency. For example, one person told us they preferred "more mature" care workers as they reflected their age and these were provided by the agency. Another person told us they liked a variety of care workers from different backgrounds and cultures as, "This makes my visits and conversations interesting".

There were arrangements in place to deal with foreseeable emergencies. The agency had procedures in place in the event that a care worker was unable to gain entry to a person's home. Care workers that we spoke with were able to explain in detail the actions they should take if they were unable to gain entry including calling the agency office, and if needed the emergency services. On the day that we visited the agency office there was no first aid policy in place. The provider may find it of use to note that a representative of the provider told us that care workers received basic first aid training during their induction. However, none of the five care workers that we spoke with could recall having received any guidance regarding first aid training. Within 24 hours of our visit to the agency we were supplied with a first aid policy and informed that greater emphasis will be made on the existing first aid training provided to care workers.

Cleanliness and infection control ✓ Met this standard

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

Reasons for our judgement

There were systems in place to reduce the risk and spread of infection. People that we spoke with told us that they felt care workers took appropriate action to reduce the risk of the spread of infections. One person said, "They are very good usually. If they don't put their gloves on I tell them". Another person told us, "They use gloves. They also use aprons sometimes if helping me to shower".

The agency had an infection control policy in place. This included procedures for the use of protective equipment, good hand washing and spillages. We were shown evidence that all staff had attended training in infection control during induction. This training had been delivered in line with the provider's policy.

A representative of the provider informed us that care workers were supplied with personal protective equipment that included disposable gloves, apron and masks. Care workers that we spoke with confirmed this. They were also able to explain safe procedures that they followed to reduce the spread or risk of infection, for example barrier nursing.

We looked at four people's care records. All included an assessment relating to any infection control risks. Where risks had been identified, care plans were in place. The provider may find it of use to note that although individual infection control assessments were in place general assessments and audits were not in place for the agency has a whole. Also, the person given the responsibility of managing the agency on a day to day basis was not aware of the contents of The Code of Practice for health and adult social care on the prevention and control of infections and related guidance.

Requirements relating to workers ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

There were effective recruitment and selection processes in place. We viewed the agency's recruitment and selection policy and procedure. This included procedures for obtaining evidence that people were suitable for the position they were applying for. It also detailed documentation that was required to be in place before people commenced employment. These included two written references, forms of identification such as a passport or birth certificate, evidence of qualifications and a criminal records check. This was to ensure that the person did not have any convictions that would mean they were unsuited to working with, potentially, vulnerable people. The certificate number and date was recorded in the staff file.

A representative of the provider told us of the recruitment checks that took place when potential new staff were being sought. The provider's representative's comments reflected the procedures described in the agency's recruitment policy. Prospective staff were asked to submit an application form which included details of their previous employment and two professional referees. Selected candidates were then called for interview. Care workers that we spoke with confirmed that this had been their experience.

The agency's recruitment policy also included procedures for monitoring equality and diversity. A representative of the provider told us that staff characteristics were monitored to ensure people employed reflected the diverse range of people the agency provided support to.

Appropriate checks were undertaken before staff began work. We viewed the recruitment records of three of the newest staff employed at the agency. These evidenced that the agency was following its own procedure and all required documentation was in place. Therefore, people who used the service were protected by the recruitment practices that were in place.

We did not speak with people who received a service from the agency specifically about recruitment practices. A representative of the provider informed us that as part of the recruitment process new staff were observed during induction when caring for people in the community. The findings of which were considered before staff completed their probationary period. We were told that during the meeting potential new staff were

assessed with regard to how they interacted and communicated with individuals.

New members of staff were provided with a job description and contract that made clear their specific role and responsibilities. All staff had completed the agency's induction course before working independently in the community. This included training in areas such as moving and handling, fire, health and safety and food hygiene. New staff also shadowed other workers before supporting people in their own homes.

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

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. A representative of the provider told us that questionnaires had been completed by people who received a service from the agency and staff to find out their views on service delivery to people. The responses had been collated in order that the agency could look for any areas it could improve. We looked at the latest findings from the questionnaires sent to people in December 2012. The majority of people who completed a questionnaire expressed satisfaction with the service they received. People that we spoke with confirmed that they had been asked for their views on the service provided by the agency. However the provider may find it of use to note that no one that we spoke with was able to confirm if they had received any feedback from the findings of the questionnaires. For example, one person said, "I don't recollect ever hearing back from the questionnaires". Another person told us, "It would be nice to know the results".

A representative of the provider told us that spot checks were carried out to monitor staff practices when they were at people's homes. She said that this also gave people the opportunity to comment on the service they received. Records that we viewed and discussions with people confirmed this.

There was evidence that learning from incidents / investigations took place and appropriate changes were implemented. We were informed that care workers were given information about good practice and learning from incidents and events at staff meetings and in memos (which they received weekly with their timesheets). Care workers that we spoke with confirmed this. They also expressed the view that communication by the agency was good and supported them to do their jobs. We found evidence that the care delivered to people was reviewed and amended when individual needs changed or an incident occurred. The provider may find it of use to note that the quality monitoring systems in place did not include an overall analysis of incidents and events that would identify trends or areas for improvement.

The agency completed a number of audits to monitor the quality of service it provided to

people. An electronic system was in place for monitoring late or missed visits. Telephone checks of services received included obtaining
people's views on care workers appearance, punctuality, attitude, completion of tasks and communication.

The agency had an electronic monitoring system in place for training requirements of care workers. This ensured that refresher training was undertaken at a regular basis in order that care workers were suitably qualified to meet the needs of people they supported.

Complaints ✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available.

Comments and complaints people made were responded to appropriately.

Reasons for our judgement

People were made aware of the complaints system. This was provided in a format that met their needs. We were informed that the complaints procedure was available in large print if needed but that no one had requested this from the agency as yet. A representative of the provider informed us that the agency provided a service to a person who was blind and that the complaints procedure had been explained to them verbally during their initial assessment. We were also told of another person where English was not their first language and that the person's relative had been informed of the complaints procedure and communicated this to the person concerned. These actions ensured people were not disadvantaged due to their different needs.

People had their comments and complaints listened to and acted on, without the fear that they would be discriminated against for making a complaint. Everyone that we spoke with told us that they knew how to raise concerns if needed. For example, one person said, "X (referring to a person employed by the agency) explained the formal and informal complaints procedure to me. If I ring the office they are so easy to talk to". Another person told us, "I would phone the office if I was unhappy but I have never had to".

The agency had a complaints policy and procedure in place that included timescales for responses to complaints. By looking at records and talking to people we found that the agency was following its own procedure. A representative of the provider informed us that all complaints and comments were taken seriously and investigated. We were informed that people were given a copy of the service user guide at the start of their service and that this contained information about how to raise concerns or complaints. People that we spoke with and their relatives confirmed this. Complaint records that we viewed included evidence of the complaint, an investigation, actions taken and feedback to the person who had raised the complaint.

The provider may find it of use to note that the agency's complaints policy informed people that if they were dissatisfied with the agency's investigation they could refer their complaint to the Care Quality Commission. The policy did not include people's rights to raise their concerns with the Local Government Ombudsman (LGO) if dissatisfied with the way the agency had handled their complaint. The LGO is the agency with statutory powers to

investigate how people's complaints have been handled.

We spoke to five care workers about supporting people to express their views and acting on their behalf if they were unhappy. Care workers informed us that supporting people to raise concerns was discussed with them during induction.

About CQC inspections

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

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

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

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

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

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

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

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

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

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

How we define our judgements

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

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

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

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

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

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

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

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

Glossary of terms we use in this report

Essential standard

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

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

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

Glossary of terms we use in this report (continued)

(Registered) Provider

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

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

Contact us

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk