

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

St John's Court

51 St John's Court, Redhill, RH1 6DS

Date of Inspection: 19 March 2013

Date of Publication: May 2013

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
Management of medicines	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	First Community Health & Care Limited
Registered Manager	Mrs. Christine Eade
Overview of the service	First Community Health & Care is a not-for-profit social enterprise, providing community healthcare services to people living in East Surrey. First Community Health & Care is still part of the NHS and continues to deliver NHS services, but with the community interest ethos.
Type of services	Community healthcare service Long term conditions services Rehabilitation services
Regulated activities	Diagnostic and screening procedures Nursing care Treatment of disease, disorder or injury

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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 19 March 2013 and talked with staff.

What people told us and what we found

We were unable to speak with people due to the nature of the service during our visit. We spoke with staff and reviewed the providers documentation. This was robust and of good standard. Documentation was relevant to the individual needs of people who use services.

Staff told us that they were happy with their job. They told us that they had fantastic support from their line manager who was always supportive towards them. Another staff told us that they enjoyed their role working with older children in schools. Staff told us that they discussed with people their care plans and involved them in the review process. Staff told us that they listened to people and families to ensure that care was individualised and person centred. Staff were aware that people had choice and were aware how to maintain their privacy and dignity. Staff told us that people had to give consent for the treatment being given. This was either written or verbal consent and that this could be withdrawn at any point.

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. Staff told us that they listened to people and families to ensure that care was individualised and person centred. Staff were aware that people had choice and were aware how to maintain their privacy and dignity. Staff told us that people had to give consent for the treatment being given. This was either written or verbal consent and that this could be withdrawn at any point.

The provider had various consent forms available that were reviewed which were robust and met the needs of the people who uses services. The provider had school entry health assessment forms available for schools. This was in two parts. It covered the local reception year screening and national childhood measurement programme. The forms were completed, signed and returned to the school with people's consent. The form had information for people so that they were aware of the assessment and reasons for this.

Consent forms were available for antenatal and newborn screening programme. This included leaflets for purpose of the screening that were available to people. The provider completed family health needs assessment. These were conducted by the health practitioners to help look at people's health and to get to know the person and family. The assessment covered areas around work life, lifestyle and their health. This assessment was signed by the health professional and people.

Agreed packages of care are delivered to families with an additional health need identified by an assessment process. The form was reviewed during visit. This included frequency for support sessions including expectations and outcomes to be achieved. This was agreed by people and was signed by the health visitor and people. Where people did not have the capacity to consent, the provider acted in accordance with legal requirements. Staff told us

that they conducted annual health reviews in schools. They told us that they had to obtain consent and forms from the social workers. People were spoken to prior for specific checks. People were involved in identifying place where they wanted to have assessment. Staff told us that people had choice and took their wishes into consideration.

People had capacity issues discussed and documented on their personal contact details sheet. Where the independent mental capacity advocate was needed, appropriate arrangements were made. District nursing service contact details requested that staff document that consent had been gained at each visit as part of their record of care.

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. People had individual care plans in place. These included action plan of supporting the person. Care plans also prompted staff to gain consent for any procedure prior as good practice. Care plans were discussed and verbally agreed with people. Staff told us that they visited people in their homes and completed assessments to meet their needs. These involved people and family members to ensure that the treatment package was individualised and person centred. The provider had various professionals who completed these assessments. They included district nurses, community nurses, health visitors within specialist areas. Incident forms are completed by staff. The clinical governance administration manager produces a quarterly report which was reviewed during visit.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. The provider completed patient experience questionnaire for 2012-13 which was reviewed during visit. The areas included whether people were involved as much as possible in decisions about their care. The outcome was 100% from the survey. It also covered areas around information was given to them to be cared for by their family/carer and if they had enough understanding of their condition. The results were again high and positive. The provider had risk assessments in place. These were reviewed yearly and safe systems of working for staff to be aware. The provider has a clinical quality and effectiveness group where incidents were discussed. Action plans devised to ensure monitoring and safe systems of work are followed and adhered to.

People's care and treatment was planned and delivered in a way that protected them from unlawful discrimination. Staff we spoke to told us that they respected people wishes and choice. They were aware that people had been involved in the planning, delivery and evaluation of their care. Staff told us that they were aware that people's privacy and dignity had to be maintained. The provider had permission to share information about you form available for people which were available and reviewed. These were signed by people and stated that circumstances in which this confidential information may be shared has been explained to people.

The Deprivation of Liberty Safeguards were only used when it was considered to be in the person's best interest. No people were subject to these safeguards during visit.

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

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines

Reasons for our judgement

Appropriate arrangements were in place in relation to purchasing, ordering and receipt of medicine. The provider has a pharmacist employed and in post. The pharmacist completes yearly audits on drug incidents on drug administration and reviews any trends that may occur. Action plans are put in place to ensure monitoring within the clinical quality and effectiveness group. Trends have been highlighted within the audit process and disseminated to staff for improvement. We reviewed the provider's medicines and controlled drugs policies which were dated January 2011 which were reviewed and are now operational until December 2013. Control drugs books were in place and in use. These were monitored by the pharmacist.

Appropriate arrangements were in place in relation to the recording of medicine. The provider had different medication charts for peoples specific needs. The charts were in different colours which the staff found to be good. They had syringe driver instruction chart and administration charts that were in pink. The provider had insulin instruction chart and administration record book which was blue which was robust regarding record keeping. PRN medication was documented on separate chart for effective monitoring purposes. Weekly drug chart reconciliations are completed by the clinical ward pharmacist on all medication charts.

Medicines were prescribed and given to people appropriately. The provider has a patient group directives in place. These were signed, dated and authorised for use by a medical director, clinical governance representative and NHS Surrey Head of Medicines Management. This included register of practitioners qualified to administer and /or supply under the agreement. Patient Group Directives were signed by the registered nurse and authorising manager.

The provider provided training for staff in medicines management. Training is provided four times a year. We reviewed the provider's medicines management competency framework which was available during visit. This was to provide assurance that all nurses involved in medicines management have been assessed and deemed competent to perform the required tasks.

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

Appropriate checks were undertaken before staff began work. The provider had policy in place and reviewed during visit. The recruitment and selection policy was dated January 2013. There were effective recruitment and selection processes in place. Leaver's forms were completed when people left their post which included requisition forms raised to advertise for post. The provider has a recruitment team in place. The provider out source their human resources from Central Surrey Health Limited and have a service agreement in place. Vacancies are advertised via NHS jobs on the internet.

Screening of application forms is completed and short listing of candidates is conducted. The provider ensures that equal opportunities are in practice. The provider requests for proof of identification and certificates at interview stage. Health questionnaire is sent with offer letter if the candidate is successful and sent to occupational health. All new staff are subject to enhance criminal record bureau checks. People had references in files we reviewed during visit.

The provider conducts audits on staff personnel files every month to ensure all information for new starters. Information will be checked to ensure that it has been inputted in the system and will be monitored and reviewed. We reviewed three staff folders during the visit. These were all in order and had the necessary recruitment paperwork completed and documented.

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. People were given booklet, "Valuing your Views" which was available and reviewed during visit. The booklet informed people of the complaints process and how to make one. People were informed that complaints can help the provider to improve the services. No one will be discriminated against because they have made a complaint. People were given support by the provider to make a comment or complaint where they needed assistance.

We reviewed the provider's policy for handling complaints which was dated April 2013. The provider had a complaints officer who was responsible for investigating complaints. The provider has confidential questionnaire complaints handling in place which was reviewed during visit. This was sent to people to ensure improvements in the complaints process. The provider has a complaints risk form which is completed by the investigating officer after completing the investigation. The form covers action taken, planned action and person responsible. The form includes a risk rating which is documented. This was signed, dated. We reviewed three complaints during visit and all documentation was completed as per policy and procedure.

We asked for and received a summary of complaints people had made and the providers response. The provider had fifteen complaints within the last year. These were all reported in the quarterly reports and discussed in the clinical quality and effectiveness group. Action plans were devised and monitored within the group.

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@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

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