

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

Independence Homes Domiciliary Care Agency

1 Harestone Drive, Caterham, CR3 6HX

Tel: 01883331777

Date of Inspection: 11 December 2013

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

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

Safeguarding people who use services from abuse ✓ Met this standard

Supporting workers ✓ Met this standard

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

Details about this location

Registered Provider	Independence Homes Limited
Registered Manager	Dr. Melanie MacLeod
Overview of the service	Independence Homes Domiciliary Care Agency provides specialist support for adults with epilepsy and some of whom may have learning disabilities and who live in the community but require substantial support from domiciliary care workers.
Type of service	Domiciliary care service
Regulated activity	Personal care

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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 11 December 2013, checked how people were cared for at each stage of their treatment and care and talked with staff.

What people told us and what we found

There was evidence that the people who used the service had their needs fully assessed by the agency.

We were told by staff that people who used the agency were supported to be part of the assessment process so they had a say about what type of service they wanted.

Care and treatment was planned and delivered in a way that ensured people's safety and welfare. The provider identified any potential risks and steps were taken to reduce and where possible, eliminate these risks.

Policies and procedures for protecting people from abuse, including staff training, meant that people were protected from the risk of abuse and harm. The managers were aware of how to report concerns and who to report to. Staff had received training in how to recognise and respond to possible abuse.

Staff told us that they had appropriate training and support from the provider that ensured that they all had a clear understanding of the needs of the people who they looked after.

One staff member told us that during their induction they undertook training in Epilepsy, learning disability awareness, medication storage and administration, manual handling as well as more specific areas for individual people who used the service.

We saw that the provider carried out regular periodic reviews of all its services and that this information was reviewed and staff told us that it was "acted upon".

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

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.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

People were involved in planning their care and treatment.

There was evidence that the people who used the service had their needs fully assessed by the agency. We were told that the assessment was used by the provider to be sure that the agency could meet people's needs and expectations. We were told by staff that people who used the agency were supported to be part of this assessment process so they had a say about what type of service they wanted.

We were told by the Director of Operations that all the care plans of the people who used the service were under a full review. We were told that the review would ensure that the care plans fully reflected the care needs of the people who used the service and would be a document that would be more reflective of their changing needs. We were also told that there would be a basic format for the care plans to follow but each person who received care from the agency would be encouraged and supported to design and develop their own care plan to be reflective of the individual.

We looked at two care plans that had been recently developed and designed by the people who used the service. Both care plans were very detailed and demonstrated a clear individuality.

Care and treatment was planned and delivered in a way that ensured people's safety and welfare. The provider identified any potential risks and steps were taken to reduce and where possible, eliminate these risks. Risk assessments were drawn up to ensure that potential risks to people's health and welfare that had been identified were minimised wherever possible. For example, where an individual was at risk of epilepsy, falling, tripping going missing and completing domestic chores on their own.

We were contacted by a family member of a person who used the service. They told us that their relative was very happy with the staff who provided the domestic care support and that there appeared to be a "great rapport" between them all.

Care staff completed records in people's homes which were audited by a senior staff member that checked to see if people's needs had changed. Staff told us that they informed senior staff in the agency office about any changes or concerns they had about a person they cared for. .

The agency made referrals to other agencies on people's behalf when they needed extra support.

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

Our judgement

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.

Reasons for our judgement

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.

Policies and procedures for protecting people from abuse, including staff training, meant that people were protected from the risk of abuse and harm. The managers were aware of how to report concerns and who to report to. Staff had received training in how to recognise and respond to possible abuse. We spoke to staff who demonstrated knowledge of what abuse was and how to raise concerns. The staff we spoke to confirmed that they felt confident contacting the correct agencies if they thought that any form of abuse had occurred to the people they cared for.

There were systems in place to safeguard people's money and valuables and policies that informed staff of their role and responsibilities in this area. Regular checks of people's finances ensured that people should be safeguarded from abuse.

There were safety systems in place to safeguard things like people's door keys, property and personal safety.

One relative of a person who used the domiciliary care agency told us about the arrangements staff had made to ensure their family member was safeguarded when accessing the local community. They told us that their family member felt "very safe and supported by the people who work" for the agency.

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

As part of this inspection we undertook a random telephone survey of care staff.

We spoke to six members of staff who told us that there was always enough staff on shift to meet people's needs; they told us that at all times there is a qualified person who had appropriate training to enable them to work with the people who used the service.

Staff told us that they had appropriate training and support from the provider that ensured that they all had a clear understanding of the needs of the people who they looked after.

One staff member told us that during their induction they undertook training in Epilepsy, learning disability awareness, medication storage and administration, manual handling as well as more specific areas for individual people who used the service.

All the staff that we spoke with confirmed that they felt fully supported by their managers. One member of staff told us that the provider operated an open door policy and that they could go to the office at any time, which allowed them to discuss any issues, concern or worry with a manager "in a timely manner".

The staff we talked with told us that they felt well qualified and had experience to provide care and support to the people who used the service.

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 in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

We looked at the provider's quality assurance system and found that there was a range of monitoring processes in place that enabled the provider to respond to issues of quality and risk.

We were told that the people who used the service were able to contact the provider and speak to staff about any concerns they may have about the service as well as access to a fully confidential help line. For example a family member of a person who used the service told us that their relatives "had never complained officially but that when they raised a concern to their care worker they were listened to and appropriate action was taken". They continued to say that as a result of the prompt action of the staff a situation which could have become a "major concern" was defused.

Another relative told us that the staff in the care service always listened to what people had to say and that when "they come down from the office they always ask if they are ok". This meant that the provider was responsive.

We saw that the provider carried out regular periodic reviews of all its services and that this information was reviewed and staff told us that it was "acted upon".

As part of this inspection we looked at the providers formal quality assurance (QA) process. The Director of Operations told us that they undertook several different QA's. The people who used the service, staff, other professionals and family were all asked to undertake a formal QA annually. The most recent QA was due to be completed in December 2013: the provider was, at the time of this inspection, sending out questionnaires to all relevant people.

In addition the Director of Operations told us that for the first three months of their employment they undertook the role of a secret shopper working in service with the people who used the service and the staff. We were told that the secret shopper role afforded them a greater understanding of the services, staff and the people that they supported.

The service also carried out a range of audits, including but not limited to Clinical Risk,

About CQC inspections

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

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

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

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

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

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

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

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

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

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

How we define our judgements

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

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

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

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

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

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

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

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

Glossary of terms we use in this report

Essential standard

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

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

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

Glossary of terms we use in this report (continued)

(Registered) Provider

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

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

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