

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

Derby House

Lytham Road, Fulwood, Preston, PR2 8JE

Tel: 01772722985

Date of Inspection: 09 May 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
Management of medicines	✓	Met this standard
Requirements relating to workers	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard
Records	✓	Met this standard

Details about this location

Registered Provider	Home Care (Mellor) Limited
Registered Managers	Mrs. Sara Louise McGaughey Mrs. Jeanette Taylor
Overview of the service	<p>Derby House is a Domiciliary Care Agency that provides care and support to people in their own homes. Following an assessment of a client's needs, an individual care package is put in place which will include areas such as personal care or assistance with domestic tasks.</p> <p>The service supports people with a wide range of needs including older people, people with physical disabilities or people with learning disabilities.</p>
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 9 May 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, talked with staff and reviewed information given to us by the provider.

What people told us and what we found

During this inspection we spoke with a number of people who used the service or their carers. Everyone we spoke with gave us very positive feedback about the agency and expressed satisfaction with the service they received.

Comments included:

"We have been using them for four years and never had any problem. We are very, very happy!"

"The staff are excellent. Very kind and friendly. They seem very well trained as well!"

"If I had any concerns I would let them know, but I am more than happy with them."

During this inspection we looked at how the agency promoted the care and welfare of people using the service and arrangements for supporting people to make informed decisions about their care. We also assessed the agency's processes for assisting people with medication. Standards in relation to the recruitment of staff and quality assurance were also assessed. We found the service to be compliant in all the areas we inspected.

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 they were asked for their consent and staff acted in accordance with their wishes.

Reasons for our judgement

During the inspection we viewed a selection of people's care plans. These demonstrated that people's care had been planned and arranged in line with their personal wishes and preferences. Care plans also contained evidence that regular reviews were carried out during which, people who used the service and where appropriate, their representatives were asked for their views and opinions and encouraged to make decisions about their care.

All the care plans we viewed contained written consent from the service user, in relation to various aspects of care such as personal care and assistance with medication. Daily records, which were completed by carers, demonstrated that people were enabled to make every day decisions and that their choices were respected.

The Mental Capacity Act, 2005 sets out legal requirements and national good practice guidance, which services must adhere to when supporting someone who lacks capacity to consent to care or treatment. We saw that a number of the agency's policies and procedures referred to the guidance, for example policies on people's rights to refuse treatment and end of life care. However, the provider may find it useful to develop a stand-alone policy and guidance in relation to the Mental Capacity Act, 2005 to further ensure that all staff have a good understanding of the area.

We looked at the care plan of one service user who had some complex needs. Concerns had been identified due to the person's frequent refusal of certain aspect of care. We were able to confirm that the agency had liaised closely with the service user and his representatives, as well as other professionals involved in his care. Very clear guidance had been included in his care plan for staff to follow in the event of refusal, as well as robust safeguards to ensure the person's safety and wellbeing in these circumstances, including the obtaining of medical advice.

We also noted that the manager of the agency had met with the service user and other relevant professionals, to ensure that he was fully aware of the potential risks involved

when refusing the particular aspects of care. This helped to ensure that the service user was being supported to make informed decisions about his 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

All the people that we spoke with told us they were happy with the care provided by the agency. People said that carers were competent and had a good understanding of their (or their loved one's) care needs. One relative commented, "We have been very, very happy with every carer we have ever had." Another told us, "They seem to be extremely well trained."

We viewed a selection of people's care plans during the inspection. We noted that they provided a good level of information about people's individual needs. In addition, people's care plans stated their preferences and wishes about how their care was provided and daily records, which were completed by carers, showed that people's wishes were respected.

We saw examples of good, person centred care planning, which encouraged staff to treat people as individuals and provide care tailored to their personal needs and wishes. Important details about people's preferred daily routines and things that were important to them were included to enable staff to provide a personalised service.

Whilst plans we viewed were generally of good quality, we did note in one example, a lack of information regarding the support of a person with dementia. The provider may wish to review assessment and care planning processes and expand them to include further information about people's individual needs in this area.

There were processes in place to assess risks to people in key areas such as, nutrition, mental health and medication. Where risks were identified there was guidance for staff in how to minimise them and keep people safe. Whilst we saw some good examples of risk assessments, the provider may wish to note that we did not see any formal assessments carried out specifically for people at risk of developing pressure sores. However, we were able to establish that preventative pressure care was carried out by staff, where appropriate.

Some of the care plans we viewed were those of people who had some complex needs. For example, we viewed the plan of one person who was at high risk of self harming and another of a person who engaged in some high risk behaviours. We noted that in these

circumstances there were very good plans in place that provided clear guidance to staff and demonstrated effective joint working with community professionals such as Mental Health workers.

It was also pleasing to note that special arrangements were in place to ensure that only a small team of carers would be involved in the care of someone with complex needs. This helped ensure that people received their care from a consistent staff team that had a good understanding of their needs.

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

The agency had a clear policy and detailed procedures in place that addressed all areas of medication management. We were able to confirm that these were regularly reviewed and updated in line with any changing legislation or guidance.

We were also able to confirm that the agency had a thorough approach to staff training in the safe handling of medication. On the day of our visit, several staff members were attending a full day medication course at the office. All these staff members had recently started and were not yet providing care to people.

We looked at the training being provided and noted that it was a full day course, supported by further independent learning and workbooks. The training manager advised us that all staff members were required to fully complete the course and pass an observed competence assessment before supporting any service users with their medication. It was pleasing to note that the observed competence assessment was repeated every six months to ensure staff were maintaining their skills and knowledge.

There was a good level of information included in people's care plans about the assistance they required to take their medicines. We looked at the care plan of one person for who there were some risks associated with medication and found there to be good guidance and safeguards in place to protect him.

Some people who used the service were prescribed medication on an 'as and when required' basis. We were able to confirm that there was a good level of information in their care plans regarding when these medicines should be given. This information would help ensure people were supported to have their medicines when they needed them.

We viewed a selection of medication administration records and found that they were in general, completed in an appropriate manner. However, the provider may wish to note that we saw some examples where actual dosages were not clear on the records. It is important to ensure that all dosages are clear so that it can always be ascertained what a service user has taken.

The provider may wish to note that we also saw some omissions on medication

administration records. We discussed these with the manager of the service and were able to establish that they were as a result of people refusing the dose. We advised the manager to always ensure that refusals were clearly recorded.

In discussion, the manager advised us that a new process was due to be implemented, which would strengthen the agency's safety checks and auditing of medication records and stock. It was planned that spot checks of actual medication balances would be carried out on a regular basis which would help ensure that people were receiving their medicines as prescribed.

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.

There were effective recruitment and selection processes in place.

Reasons for our judgement

The service had a robust recruitment policy and associated procedures in place to help ensure that people employed were of suitable character and had the necessary skills to perform their duties.

We viewed a selection of staff personnel files, which we found to be extremely well organised, making information easy to access. Records also demonstrated that the manager of the service has recently carried out an audit of all the staff files to ensure that they contained all the necessary information.

All the staff members' files we viewed provided evidence that thorough processes had been followed during their selection and recruitment. In all cases, there were completed application forms as well as written notes from the staff members' interviews. We were also able to confirm that two references and a full CRB check had been obtained before the staff members were allowed to support people in the community.

Staff were issued with a handbook at the start of their employment which contained important information, such as the agency's grievance and disciplinary procedures as well as required codes of conduct for carers.

Personnel files also provided clear information about induction training and the support people had received during their probationary periods. Records showed that people were given a good level of training and provided with mentoring and regular supervision during their probationary periods. This was supported by discussions we had with staff, who were all very complimentary about the support they had received at the start of their employment. Their comments included:

"I couldn't have asked for anyone better to train me. They made me feel comfortable and gave me confidence."

"I've never worked anywhere that gives you so much training. They don't just give you a rota and expect you to get on with it."

"I had lots of training straight away, before I even started doing visits to people."

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 the service that people received.

Reasons for our judgement

There was a clear management structure in place and all those we spoke with were aware of people's roles within service. We noted that the managers we spoke with were very positive about the service and demonstrated a genuine commitment to providing good quality services.

This was supported by all the people we spoke with who expressed satisfaction with the service provided. People told us that they knew the managers of the service and found them approachable and supportive. One person said, "I know if I have got any concerns they would sort it out straight away." Another commented, "They are always very kind and pleasant. I look forward to speaking to them."

We were able to confirm that there were processes in place to monitor the quality of service provided and that people using the service or their representatives were regularly invited to take part in surveys and reviews. The manager advised that all survey responses were analysed by the provider and a report generated which would identify any themes or trends.

It was pleasing to note that where issues had been highlighted through consultation with people using the service, action had been taken to address them. For example, the manager had improved processes for informing people about delays or changes of visit times as a result of feedback received.

One service user we spoke with told us that when they had new carers, they were always asked for feedback about their approach and attitude.

As part of the agency's contract with the local authority they were required to monitor specific areas, such as how punctual and reliable carers were. An electronic booking in system was in place for all carers, which enabled managers to monitor times visits began and lasted for.

We saw that managers closely monitored areas such as training and also carried out spot checks of staff out in the community. The manager advised us that a new senior staff

member had recently been recruited to concentrate solely on carrying out spot checks of staff and quality audits.

Staff we spoke with were aware of the service's policies and procedures and also confirmed that there was always a manager available to provide advice and support at any time. Staff expressed confidence in the organisation and the managers.

The agency had a number of policies and procedures in place to help promote the health and safety of those using and working at the service. These were supported by a detailed training programme for staff, in key health and safety areas such as moving and handling and food hygiene.

Environmental risk assessments were carried out in all service users' homes so that any risks to them or care staff could be identified and addressed. In addition, the agency had processes in place to ensure that any equipment used by staff such as moving and handling equipment, was regularly serviced and safe to use.

Records

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

Accurate and detailed records helped ensure that people were protected from the risks of unsafe or inappropriate care and treatment.

Reasons for our judgement

Throughout the inspection we viewed a variety of paperwork and documents.

We noted improvement in risk assessment and care plan recording and found that records contained adequate information to assist staff in providing safe and effective care.

We were able to confirm that the agency had facilities to store and dispose of confidential information appropriately.

The agency had a confidentiality policy, which all staff were made aware of at the start of their employment. We also noted that the agency had a policy and procedures in line with the Data Protection Act.

As part of their induction, all staff received training in areas of record keeping, such as care planning and risk assessment.

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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