

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

## Georgina House Domiciliary Care Agency

44 Crown Road, Great Yarmouth, NR30 2JH

Tel: 01493853633

Date of Inspection: 15 January 2014

Date of Publication: February 2014

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

<b>Consent to care and treatment</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Requirements relating to workers</b>	✓ Met this standard
<b>Records</b>	✓ Met this standard

## Details about this location

Registered Provider	Mrs Miranda Telfer
Registered Manager	Mrs. Miranda Telfer
Overview of the service	Georgina House Domiciliary Care agency provides care and support to people in their own homes. The agency is owned and managed by Mrs Miranda Telfer
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'.*

	Page
<hr/>	
<b>Summary of this inspection:</b>	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
<hr/>	
<b>Our judgements for each standard inspected:</b>	
Consent to care and treatment	5
Care and welfare of people who use services	6
Requirements relating to workers	7
Records	8
<hr/>	
<b>About CQC Inspections</b>	9
<hr/>	
<b>How we define our judgements</b>	10
<hr/>	
<b>Glossary of terms we use in this report</b>	12
<hr/>	
<b>Contact us</b>	14

## 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 15 January 2014, observed how people were being cared for and talked with people who use the service. We talked with staff.

---

### What people told us and what we found

---

During our inspection we spoke with five people who used the service or their relatives. We asked them about the care and support they received from this service. One person told us, "The carers are excellent, they give (my relative) confidence to get up." Another person said the care staff were, "First class."

We looked at the records relating to their care and welfare. These showed that people's needs were assessed and that care plans were in place showing how those needs were met. There were risk assessments in place to ensure that care was delivered safely.

The service maintained accurate records about the people they supported, their staff and the premises which demonstrated that procedures were in place and being followed to ensure the safety of people who used the service.

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](http://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.

---

### 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.

During our inspection we spoke with five people who used the service or their relatives. One person told us, "The carers are excellent, they give (my relative) confidence to get up." Another person said the care staff were, "First class."

We discussed with the provider how they ensured that people were in agreement with care or support when they lacked capacity. They explained that all decisions would be made in that person's best interests and where necessary they would discuss this with the person's family or professionals involved in their care. This showed us that where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

We looked at the care records for three people who used the service. These all contained consent forms signed when their care packages with the service commenced.

**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's needs were assessed and care and treatment was planned and delivered in line with their individual care plan and in a way that was intended to ensure people's safety and welfare.

We spoke with five people who used the service or their relatives. One person told us, "They (the care staff) are the finest, so genuine." Another person said, "They are all so friendly and look after me well." One person was concerned that they sometimes had to wait until late morning. We suggested that they discussed this with the provider to see if this could be remedied.

We looked at the care records for the three people who received care and support from the service. These were comprehensive and contained individual care plans showing how that person's assessed needs would be met. Risk assessments were in place to ensure that care and support was provided safely and risks were minimised. The care plans also contained details of people's health needs and treatment. The records were reviewed on a regular basis which meant that staff providing care and support had access to up to date information about the person.

Copies of the care plans were held at the person's home and each of the five people we spoke with confirmed that they had up to date care plans and that staff completed these every time they carried out care

## 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.

During our inspection we spoke with five people who used the service or their relatives. Their feedback did not relate to this standard.

We discussed the recruitment process with the provider. Most staff worked in both the care home and the care agency owned and operated by the provider from the same premises. A range of training was provided to all staff including moving and handling, health and safety, safeguarding vulnerable adults from abuse, medication administration, fire safety and infection control.

We looked at the recruitment records of three staff employed by the provider. These showed that the necessary checks had been made and the records contained paperwork detailed in the regulations. This included application forms, details of past employment and reasons for any gaps in the person's employment history, details of training undertaken, satisfactory references and an enhanced Criminal Records Bureau (CRB) check or Disclosure and Barring Service (DBS) check.

We were therefore satisfied that a suitable recruitment process was being followed and that the required checks were being made before staff started supporting the people who used the service to ensure their safety.

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

---

## **Our judgement**

---

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

---

## **Reasons for our judgement**

---

People's personal records including medical records, staff records and other records relevant to the management of the service were accurate and fit for purpose.

During our inspection we spoke with five people who used the service or their relatives. Their feedback did not relate to this standard.

We looked at a range of records including care records, recruitment and training records and maintenance records for the office premises. These were well maintained and readily available.

The care records detailed how care was provided safely to meet the needs of the people concerned. The records were regularly reviewed meaning information available to staff was up to date. The records showed that the person they related to had access to them and had been involved in their formation.

The staff records we looked at showed that the service followed their recruitment procedures and that the required checks on new staff were made. Training records showed that a range of training was provided to ensure that staff were able to meet people's needs.

The office premises were well maintained and regular checks were made to maintain the safety of staff using the premises.

## 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](mailto:enquiries@ccq.org.uk)

---

---

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

---

---

Website: [www.cqc.org.uk](http://www.cqc.org.uk)

---

---

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.

---