

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

Right at Home (Sutton & Epsom)

Suite A, First Floor, Old Inn House, 2 Carshalton Road, Sutton, SM1 4RA

Tel: 02086424829

Date of Inspection: 02 July 2013

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

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

Details about this location

| | |
|-------------------------|---|
| Registered Provider | Homecare Partners Limited |
| Registered Manager | Mrs. Victoria Louise Stone |
| Overview of the service | Right at Home (Sutton & Epsom) is a domiciliary care agency that provides personal care and support to people in their own homes. |
| Type of service | Domiciliary care service |
| Regulated activity | Personal care |

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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'.

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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 announced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 2 July 2013, talked with people who use the service and talked with carers and / or family members. We talked with staff.

What people told us and what we found

We spoke with some of the people using the service and their representatives to find out what people thought about the quality of care and support they received. One person said, "The service is excellent. Staff are excellent. I can't fault them." Another person told us, "I've got excellent people looking after me, which is great." A representative of one of the people using the service said, "I'm actually very pleased with the service. We've had continuity that we needed and we're very happy with the carers we have." Another representative told us, "They are accommodating and carers are enthusiastic."

The service carried out detailed assessments with people and their representatives to identify their specific care and support needs. People were able to state their choices and preferences for how they were looked after. The service had used this information to develop plans to provide the care and support people needed. We saw from care plans we looked at there was detailed information for staff about how to meet people's care and support needs.

There were effective procedures in place to recruit and appoint staff and appropriate checks were made about staff's suitability to work for the service.

People were asked for their views about the service and had been provided opportunities to make suggestions. We saw the service made changes and improvements that people wanted and responded proactively to complaints when these had arisen, to resolve them.

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.

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. One of the people using the service told us, "I remember signing a care plan to consent to the care and support I get." A representative of one of the people using the service, who was unable to make decisions about their care, told us they had been involved in planning and developing their care and support plan to ensure this met their specific needs. They said senior staff "take on board what we're asking for."

We looked at the service's 'consent to care and support policy'. This set out the legal requirements of staff to obtain consent from people who receive care and support. The policy also told staff where people had withdrawn or refused their consent to care or support, this should be documented and reported to senior staff. This was to enable staff to identify any potential issues or concerns about people's safety and welfare.

We looked at the records of five people using the service. We saw senior staff had carried out detailed assessments with people using the service and, where appropriate their representatives to identify people's specific care and support needs. From these assessments we saw people were asked how they wished to be supported and cared for and their specific preferences and choices were noted.

We saw mental capacity assessments had been completed for all people using the service to establish whether people were able to make decisions about their care and support. Where people had capacity they had signed their care plans to consent to the care and support provided. Where people were unable to make decisions there had been clear involvement of people's representatives in the planning and development of care and support plans that met their specific needs.

The registered manager told us they had received training in the Mental Capacity Act 2005 and Deprivation of Liberty safeguards (DoLS). These safeguards ensure that a service

only deprives someone of their liberty in a safe and correct way. This is only done when it is in the best interests of the person and there is no other way to look after them.

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. One of the people using the service said about staff, "They do everything I want and take me where I need to go." Another person told us, "Most importantly you get the care you need. I told the manager what I require and they have arranged for people to come in and give me what I want." A representative of one of the people using the service said, "They have been very helpful and very accommodating."

We looked at the records of five of the people using the service. We saw each person had a person centred care plan which set out their specific care and support needs. There was detailed information for staff about how and when these needs should be met. We also saw risk assessments had been carried out for each person, by senior staff, to identify any risks to their health, wellbeing and safety. Where appropriate, guidance was in place for staff about how to manage identified risks.

We noted care plans were reviewed by senior staff. The registered manager told us reviews had been carried out in people's homes and representatives had been invited to attend, where appropriate. We saw one person's care plan had been reviewed and updated in response to changes in their care and support needs.

We saw care staff kept detailed daily notes in which they had recorded the care and support provided to people. We were able to check the daily notes of five of the people using the service and noted the care and support delivered by staff matched the planned care and support needs of people using the service. Representatives of people using the service told us this information had been useful to them as they had been able to check the care and support delivered by staff was what was planned.

The registered manager told us senior staff kept daily diaries in which they documented all contact from care staff. They told us this helped senior staff to respond promptly to any concerns raised by staff about people's on going care and support, or deal with any potential staffing issues that could affect this.

Requirements relating to workers

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

There were effective recruitment and selection processes in place. Appropriate checks were undertaken before staff began work. We looked at the service's recruitment and selection policy and procedure. These set out the checks that senior staff had to make to ensure people's suitability to work. The checks included a completed application form, proof of people's identity, a minimum of two employment references and evidence of previous experience and qualifications. The policy required that successful applicants commence an induction programme which they were required to complete during their probationary period. New staff were also expected to receive satisfactory supervision reports from senior staff and positive feedback from people using the service in order to successfully complete their probationary period.

We looked at four staff records. Each contained a completed application form, references, proof of their identity including a recent photograph and a health questionnaire about their medical history. There were interview notes for each staff member. As part of the recruitment process senior staff checked for any gaps in people's employment history and asked for evidence of previous experience of working in health and social care. There was evidence of staff's qualifications on their records. We also saw appropriate security checks with the Criminal Records Bureau (CRB) and Disclosure and Barring Service (DBS) had been made.

We saw from staff records evidence that new staff had completed an induction programme prior to starting work. We noted that their knowledge and skills had been tested and assessed by senior staff during their induction programme.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

People who use the service and their representatives were asked for their views about their care and treatment and they were acted on. The registered manager told us the service had an annual programme in place which set out tasks and activities for senior staff to check the quality of service provided. People were asked for their views and experiences of the service every six months through a postal survey.

We looked at the results of the last customer postal survey from January 2013, which had been analysed by senior staff. All of the people that responded were positive and satisfied about the care and support they had received. Comments ranged from; "thank you for the wonderful carers you have sent"; "I have been very pleased with your service"; "we think the carers are wonderful, caring and helpful"; and "very good service so far, thank you."

We noted from these surveys people were asked to make suggestions for improvements. The registered manager told us any suggestions had been followed up by the service. They told us about one person who had made a request about how carers could better support them. They said they had taken on board this suggestion and had spoken with staff to ensure the specific request was met.

People we spoke with told us the service responded positively when they had raised any issues or concerns. One person said, "It did take some time to get the continuity we needed. They were approachable and they have done their utmost to get the right carers." Another person said, "Anytime I've had to raise an issue they've always been very accommodating and will listen to what you want."

The registered manager told us about changes the service had made over the last year, following feedback received from people using the service, their representatives and staff. They told us the service had increased the number of senior staff on call to provide greater resilience and support to care staff, senior staff recorded all contact from care staff in daily diaries to react promptly to any issues or concerns identified and courtesy telephone calls had been introduced to respect the wishes of people who did not want senior staff visiting them at home when carrying out quality checks.

We saw evidence senior staff carried out other checks to assess the quality of service provided. These included spot checks on staff. We looked at a recent spot check of a member of staff and noted senior staff had observed the care provided and assessed the member of staff's overall performance. This review had been shared with the member of staff immediately and any issues or concerns identified were acted on promptly. Senior staff also carried out audits of infection control, health and safety, staff files and people's care plans. We saw evidence there had been recent audits of people's care plans and staff files. No issues or concerns had been identified by senior staff following these checks.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available.

Comments and complaints people made were responded to appropriately.

Reasons for our judgement

People were made aware of the complaints system. This was provided in a format that met their needs. We asked some of the people using the service and their representatives if they knew what to do if they were unhappy or wanted to make a complaint about the care and support they had received. One person said, "If I wasn't happy I would give them a call straight away." Another person told us, "I would be able to call the manager and talk about anything and the manager is very understanding." They also said about the service, "They're so good I don't have any complaints." Another person said, "I've never had a problem talking to the managers. They will come round and have a chat with you." Another person told us, "I can quite happily go to the manager if I had any worries."

We saw the service's policy for dealing with complaints was set out in the service user guide provided to people using the service. The policy explained how and to who people could make a complaint to. Contact details for senior staff had been provided. The procedure also outlined how long it would take for their complaint to be dealt with and who else they could contact outside of the service. The registered manager told us they talked through the service user guide with people when they started using the service. They said they explained the service's policies, including what people could do if they wanted to make a complaint. They also told us they had provided one person using the service, who was partially sighted, with a large print version of their service user guide.

People's complaints were fully investigated and resolved, where possible, to their satisfaction. We looked at one complaint received by the service this year to check how the service had dealt with it. The registered manager had promptly investigated the complaint and had recorded the actions taken to resolve the complaint. They had provided appropriate feedback to the person that had made the complaint.

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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