

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

## Royale Carers Limited

164 Rochford Road, Southend On Sea, SS2 6TL

Tel: 01702353547

Date of Inspections: 19 July 2013  
12 July 2013

Date of Publication: August  
2013

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

<b>Respecting and involving people who use services</b>	✓	Met this standard
<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Safeguarding people who use services from abuse</b>	✓	Met this standard
<b>Safety and suitability of premises</b>	✓	Met this standard
<b>Requirements relating to workers</b>	✓	Met this standard
<b>Supporting workers</b>	✓	Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓	Met this standard

## Details about this location

Registered Provider	Royale Carers Limited
Registered Manager	Miss Doris E Dokpoh
Overview of the service	Royale Carers provides personal care to adults who may be elderly, have a learning disability, a physical disability or a sensory impairment and live in the Southend, Shoeburyness, Great Wakering, Thorpe Bay, Westcliff-on-Sea, Leigh or Hadleigh areas.
Type of services	Domiciliary care service Supported living 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
<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
<b>Our judgements for each standard inspected:</b>	
Respecting and involving people who use services	6
Care and welfare of people who use services	7
Safeguarding people who use services from abuse	9
Safety and suitability of premises	10
Requirements relating to workers	11
Supporting workers	12
Assessing and monitoring the quality of service provision	13
<b>About CQC Inspections</b>	14
<b>How we define our judgements</b>	15
<b>Glossary of terms we use in this report</b>	17
<b>Contact us</b>	19

## 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 12 July 2013 and 19 July 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, 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

---

There are currently four people using the service and we spoke with two of them. We also spoke with three of the relatives of people who use the service and another relative of a person who had recently used the service for a short period of time. All of the feedback was positive about the care that Royale Carers provided. Comments included, 'very good service', 'very good at communicating', 'nice carers', 'always on time', 'good notes'.

People's needs had been fully assessed and their care plans clearly described the support that they needed. Care plans and risk assessments had been kept under review and they were updated to reflect any changing needs. People who use the service were protected from the risk of abuse. The premises were suitable for running a small agency.

The recruitment process had not been as robust as it could have been; however, the provider/manager has now taken steps to address this. Staff were trained and supported to do their work. One staff member said, "I have regular meetings with the provider/manager where we discuss training, she is very supportive."

There were systems and processes in place for monitoring the quality of the service. People received safe, effective and compassionate care from a well led service that responds quickly to their changing needs.

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

**Respecting and involving people who use services** ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

---

### Our judgement

---

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

---

### Reasons for our judgement

---

People who use the service were given appropriate information and support regarding their care and treatment. The statement of purpose and service users guide provided good information on what the service could and could not offer. It could be made available in other formats, such as large print or pictorial, on request. We saw that people had a range of information in their homes which included a copy of the service user guide.

Although people had not signed their care plan documentation they told us that they had been fully involved in the process. People told us that staff spoke to them respectfully and treated them in a dignified manner. During our visits we observed the provider/manager speaking respectfully to people at a pace appropriate to their needs. We saw that the provider/manager listened carefully to people when communicating with them.

People told us that the service supported them to access the local community. One person said, "I go out with the carer and I really enjoy it." "The carer is very nice and they treat me well and talk to me with respect."

**People should get safe and appropriate care that meets their needs and supports their rights**

---

**Our judgement**

---

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

---

**Reasons for our judgement**

---

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. People who use the service had been fully assessed by the provider/manager; who is qualified to carry out assessments. We saw that full hand written assessments had been carried out prior to the service starting. People's specific wishes in relation to their sexual, cultural or spiritual needs were recorded where this information was known.

There were four people using the service at the time of our inspection in July 2013 and we looked at three of their care files. There were no paper copies of people's care plans in the office. We saw one computerised care plan on the agency's computer system. It was detailed and informative and included risk assessments together with management plans on how the risks were to be managed.

We viewed two further care plans whilst visiting people in their homes and we found that they contained good information about each individual. We discussed the fourth care plan whilst talking with a relative and they told us that it was very detailed and covered all their relatives care needs.

The provider/manager told us that they were in the process of re-writing the care plans in a more person-centred format. We viewed a copy of the new format which uses pictures and words to describe activities. The new format will make it easier for some people to understand. This will enable people to participate more fully in writing their care plans.

Staff spoken with told us that the care plans were clear and easy to follow. People who use the service said, 'good notes', 'good communicators', 'good care plans'. One person said, "Very good service all round, they are prompt, reliable, flexible and very happy nice people." Another person said, "The provider/manager does a lot of the work themselves, they lead by example and are always on time." This shows that the service is effective, caring and responsive.

The daily notes were recorded on a form called 'Daily evaluation sheet'. The provider/manager told us that these records were stored in individuals' homes and there were none available for us to view during our visit to the office on 12 July 2013.

During our visits to people who use the service on 19 July 2013 we looked at the daily evaluation sheets and found that they were well written, detailed and informative. People who use the service told us that the staff always recorded their visits in the daily evaluation sheets. They said that the notes clearly described the activities that had taken place during the visit. This showed that important information about people's health, safety and welfare was recorded at each visit.

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

---

### **Our judgement**

---

The provider was meeting this standard.

People who use 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**

---

We looked at the arrangements that were in place for safeguarding people who use the service from abuse.

We found that the service had a clear policy and procedure in place. The provider/manager had a copy of the Southend, Essex and Thurrock (SET) safeguarding adults' guidelines. They told us that all staff had been given a copy of the SET staff handbook and there were copies available in the agency's office at the time of our visit.

Staff told us that they had received safeguarding training and a copy of the SET staff handbook during their induction. Staff spoken with had a good knowledge of safeguarding procedures. They clearly described the actions they would take if they suspected abuse.

The provider/manager told us that all staff would attend updates in their safeguarding adults training as and when it was due and available from Southend Borough Council.

**People should be cared for in safe and accessible surroundings that support their health and welfare**

---

### **Our judgement**

---

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

---

### **Reasons for our judgement**

---

We looked at the safety and suitability of the agency's offices. We found that they were situated on the ground floor in domestic premises. A large downstairs room in the house had been converted into an office. There was suitable equipment available to run a small domiciliary care agency, such as a computer system, telephone and fax machine.

We saw that personal files had been stored appropriately in lockable filing cabinets and the computer system was password protected. There were policies, procedures and important information on shelving in the office, which was available for staff to access when required. We saw that risk assessments had been carried out in people's homes prior to the start of their service. Staff told us that they were provided with appropriate protective clothing such as disposable aprons and gloves.

The provider/manager said that as the agency was small they were able to interview and train in the office at present. They told us that they were in negotiations with another agency about using their training room as and when the agency expands.

Safety certificates were up to date and displayed on the office wall.

## 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

---

We looked at the arrangements in place to ensure that new staff starting work at the service were properly vetted and safe to work with vulnerable people. The provider might find it useful to note that the recruitment process had not been as robust as it could have been; however, we acknowledge that steps have now been taken to address this.

The service employed five staff and they each worked between three and seven hours a week. At the time of our visit they all also worked for other registered providers. We looked at all of their staff files. We found that they contained application forms, references, Criminal Records Bureau checks (CRB) and the right to work (where required). Some of the references were from colleagues and others were telephone references that had not been fully recorded. A discussion took place with the provider/manager and the administrator about the importance of recording telephone reference requests. During our inspection on 12 July 2013 the administrator made telephone contact with one of the referees and recorded the conversation.

The CRB's that we viewed varied in their dates and had been carried out by other registered employers. The provider/manager explained that as staff worked a small number of hours each week and were already employed by other registered employers they thought it was acceptable to use their existing CRB's. We referred the provider/manager to CQC guidance on carrying out appropriate recruitment checks. We discussed the Disclosure and Barring Service (DBS) that came into effect on 01 December 2012. The DBS has replaced the CRB and Independent Safeguarding Authority (ISA) checks. The provider/manager told us that they would carry out DBS checks for all new staff. Since our inspection the provider/manager has confirmed that they have begun the process of applying for DBS checks for all five of her staff. They told us that they expect to have DBS checks on all five staff files within the next three months.

**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**

---

We looked at the arrangements that were in place for supporting workers. We found that people were cared for by staff who were appropriately supported.

We looked at all five staff files and found copies of certificates of training in subjects such as manual handling, safeguarding adults, cardiopulmonary resuscitation (CPR), dignity and respect, conflict resolution, health and safety, record keeping and medication.

Three staff had received training in Parkinson's disease. One member of staff had received training in diabetes and another member of staff had received training in palliative care. The records showed that one member of staff had recently had training in reminiscence and recall, bone health, pressure area care, catheter care and activities for people living with dementia. We saw that two of the five staff had completed a National Vocational Qualification (NVQ) in care at level 2 or above.

The provider/manager is a qualified nurse with more than 30 years' experience. They had worked in hospital theatres, as a district nurse and in nursing homes. They had recently received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

The provider/manager told us that they planned to offer staff supervision six times a year and that regular staff meetings would be held. The records showed that staff had received supervision but it had not always been recorded appropriately. We saw notes of discussions in the diary and staff spoken with told us that they had met with the provider/manager to discuss any issues. The records showed that two staff meetings had been held since the service became operational at the end of January 2013. Staff spoken with told us that the provider/manager was always available by telephone and was very supportive.

## 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 arrangements that were in place for assessing and monitoring the quality of the service. People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

The agency has been operational since the end of January 2013. They were providing a service to one person only until April 2013. Since then a further five people had received a service. One of them was for a one week temporary support whilst the main carer was on holiday. The relative of the person told us that the service was very good at communicating. They said that the paperwork had been completed correctly and that staff wrote good detailed notes. They told us that the same member of staff visited each day which helped [name of person] with consistency. They said that they would use the service again.

All of the people we spoke with during this inspection were very happy with the service. One person said, "I look forward to them coming, they are very helpful and always near to their time." "They are all very caring and make sure that I have everything I need before they go." Another person (relative) said, "The agency gives [name of person] good care, they are caring people, they are reliable and flexible and we are very happy with the service."

The provider/manager told us that they intend to carry out a survey every year and that they will start work on their first one in December 2013. They said that they would obtain the views of all relevant people such as service users, relatives, staff and other professionals. They told us they would analyse the results of the survey and write an action plan if necessary. They said they would share the results with people who use the service, all other people who had participated in the survey and with us.

The provider/manager told us that they had carried out regular audits of the service's systems and practices. We saw, from the records viewed, that the provider/manager had regularly audited risk assessments, care plans and staffing records. The provider/manager said that as the service was so new they would be continually reviewing their systems and processes.

## 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.

---