

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

Highcare Services

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Date of Inspection: 25 June 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
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Granby At Home Limited
Overview of the service	Highcare Services is registered with the Care Quality Commission as a domiciliary care service. The service is based in Andover and provides personal care and support for approximately 30 people who live in their own home.
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 25 June 2013, talked with people who use the service and talked with carers and / or family members.

What people told us and what we found

People were asked for their consent and the provider acted in accordance with their wishes. We spoke with five people who used the service or their relatives and they all told us they had agreed to the care recorded in their care plan. One person said "I can always tell them if I need anything different."

People felt that carers understood their needs and were complimentary about both the service being provided and the people providing it. One person told us "I'm really really happy, I can't fault them in anything."

Staff told us that they felt supported by the registered manager. We saw records that supervision meetings were carried out every two months. All the staff we spoke with had received a supervision meeting during the last eight weeks.

Quality monitoring checks were carried out on a monthly basis by a member of senior management. The last review showed that a number of areas had been checked such as care plans, supervision meetings, training, health and safety and the complaints log. Any actions had been identified and allocated with a due date.

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 they were asked for their consent and the provider acted in accordance with their wishes. During our inspection we reviewed the care plans of six people who used the service. The care plans showed people had been involved in a detailed assessment of their needs prior to using the service. We spoke with five people who used the service or their relatives. They told us that they had been involved in an assessment of their care needs before any care was given and in some cases family members had also been involved. This meant that people were involved in the planning of their care and understood the choices available to them before giving consent.

We spoke with three care staff and asked how they obtained consent from people they were providing care for. They all thought that communication was a key part of that process and said that they would describe what they were doing as they went along and ask the person if they were happy. One member of staff said "I always ask." They all said that if a person did not consent, they would not provide the care.

Care plans were reviewed on a monthly basis, staff confirmed this and there was evidence of review as each revised care plan was dated. These reviews gave people opportunities to revise their wishes regarding care and support. This ensured that people always agreed with the care detailed within the care plan. All three people we spoke with told us they had agreed to the care recorded in their care plan. One person said "I can always tell them if I need anything different."

We asked the registered manager about the Mental Capacity Act and whether they provided care to anyone under the provisions of the Act. She told us that they currently do not provide care to anyone who does not have the capacity to consent. She was aware of the provisions of the Mental Capacity Act should the situation arise in the future.

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

During our inspection we spoke with five people who used the service, or their relatives, about people's care and treatment. We also looked at documents relating to the care of six people who used the service and we spoke with three care workers.

People's needs were assessed and care and treatment was planned and delivered in line with their care plan. All care plans showed people's needs were assessed and reviewed monthly. We saw evidence of regular review as dates of reviews were recorded on the care plans. We saw that initial assessments were made in the person's home by staff, and included information relating to people's medical history, personal care and routine. People's needs were risk assessed and care plans were in place where people needed specific care.

We asked people, how the service responded to their changing needs. One relative responded by saying "All their needs are constantly met." Most people told us their care plan was updated regularly.

People felt that the care workers understood their needs and they were complimentary about both the service being provided and the people providing it. One person told us "I'm really really happy, I can't fault them in anything." A relative said "I feel I have peace of mind." This meant that people using the service felt that staff provided care according to their needs.

People told us that they generally had a consistency of care workers providing their care which they appreciated and that staff normally arrived on time. They said they were informed if staff were going to be more than five or ten minutes late. The service provided an 'on call' system which provided cover in the evenings and during weekends. This meant that both staff and people using the service always had a point of contact in an emergency or for any major issue.

There were arrangements in place to deal with foreseeable emergencies. An emergency kit list had been issued to all staff. This included a list of items which should be kept in their car in the event of an emergency such as snow. A recent health and safety review had recommended that all staff carry a first aid kit and a personal alarm. Highcare Services

was based on the premises of Ashbourne Court Care home and is part of the same provider group. This meant that in the event of an emergency Highcare Services had access to the staff, facilities and back up of Ashbourne Court. We asked the registered manager whether she had drawn up specific plans in the event of an emergency. She explained that due to the small size of the service and the specific and changing needs of the people who used the service, a standard emergency plan was not practical and would not suit the type of service they were providing. Emergency planning such as in the event of adverse weather conditions was carried out in detail in response to weather forecasts on a day by day basis. She went on to explain how previous adverse weather conditions had been responded to successfully.

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, or supported by, suitable qualified, skilled and experienced staff.

Reasons for our judgement

Staff received appropriate professional development. During our inspection we saw training records which showed that all staff had received training in a variety of areas in relation to their role. These included food hygiene, safeguarding vulnerable adults, moving and handling, fire safety and first aid. We spoke with the in house moving and handling trainer, who told us that they provided regular practical update training especially when a new piece of equipment was used or a new person with different needs joined the service. We saw from the training records system that it was clear when training needed to be updated both to staff individually and to management. The registered manager told us she reviewed the system regularly to ensure the training was kept up to date.

Staff were able, from time to time, to obtain further relevant qualifications. We spoke with three care workers who told us that they had been supported to obtain a vocational qualification in health and social care. One member of staff told us that if she wanted to do any further qualifications she would discuss it with the registered manager.

Staff told us that they felt supported by management. We saw records that supervision meetings were carried out every two months. All staff we spoke with had received a supervision meeting during the last eight weeks. The supervision meetings were also used informally to assess staff progress and put in place targets for the next two months. The provider may find it useful to note that a formal annual appraisal process was not in place as the management were waiting for new forms and processes to be sent through. This meant that staff were not given a formal annual appraisal although they were given support and feedback on a bi-monthly basis.

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 receive.

Reasons for our judgement

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted upon. The service had carried out a service user survey. We reviewed responses to the survey which were generally very positive. The registered manager had analysed the responses and where necessary had recorded any actions on the feedback form.

Staff were asked about their opinion in a more informal way during staff meetings. These took place every three months and records showed that various items were raised and discussed. Staff confirmed that they felt able to raise and discuss anything they liked at these meetings. Staff told us that if there were any issues they wished to discuss in between meetings they would discuss them with the registered manager or the assistant manager. One member of staff said they had discussed issues with management and that they had been listened to and responded to. They said, "We work together, we talk together."

The service carried out regular spot checks on the care provided by their staff. We saw records of these checks and saw that staff had been informed about minor improvements such as wearing uniform.

Quality monitoring checks were carried out on a monthly basis by a member of senior management. The last review showed that a number of areas had been checked such as care plans, supervision meetings, training, health and safety and the complaints log. Any actions identified had been allocated with a due date.

During our visit we reviewed the complaints file which showed that there had been no complaints. We spoke to staff and people who used the service who all confirmed that they had not made a complaint.

Following a recent health and safety review, a lone working policy had been developed and staff were required to carry personal alarms.

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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