

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

Two Counties Community Care Limited - Island Carer Support

Cavendish Court, Melville Street, Sandown,
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Tel: 01983400900

Date of Inspection: 25 October 2013

Date of Publication:
December 2013

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

Care and welfare of people who use services ✓ Met this standard

Safeguarding people who use services from abuse ✓ Met this standard

Requirements relating to workers ✓ Met this standard

Staffing ✓ Met this standard

Assessing and monitoring the quality of service provision ✓ Met this standard

Details about this location

Registered Provider	Two Counties Community Care Limited
Registered Manager	Mrs. Cherry Kingdom
Overview of the service	Two Counties Community Care Limited – Island Carer Support is registered to provide personal care to people living in their own homes and provides short term respite care. They provide this service to people with a range of needs including older people, people with mental health conditions, physical disabilities and sensory impairments.
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 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 25 October 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff and reviewed information given to us by the provider.

What people told us and what we found

Following our visit to the agency office we telephoned two people or their relatives, who used the service. They told us they were happy with the agency and care staff arrived on time and stayed for the correct length of time. We were told they usually had the same care staff and records were maintained for each visit. One person said "they are brilliant. No trouble at all". The other person told us "my carer is very good". They later added "I have them twice a week and they are always on time".

We spoke with three care staff and the temporary manager. There was no registered manager at the time of our inspection. We saw the agency had a safeguarding policy and staff were able to explain the actions they would take if they had any concerns. The people we spoke with told us they had no concerns regarding any safeguarding issues. One person told us "Yes I feel safe. They are both nice"

We found there were procedures in place to ensure appropriate checks were completed before staff started working. We saw the agency provided a supportive environment for staff to deliver care to people using the service. We looked at care plans; records of care provided and staff records. These contained all the relevant information and were stored securely. We found there was sufficient qualified, skilled and experienced staff to meet people's needs. We saw there was an electronic duty roster system, which detailed the planned cover for the agency. We found there were arrangements in place to manage short term absences through the reallocation of staff with capacity, the use of overtime and the agency's own bank staff. We saw there was an effective quality assurance system in place and people who use the service were asked for their views about their care and treatment they received.

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

Care and welfare of people who use services

✓ Met this standard

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 and support that met their needs and protected their rights. They were cared for by staff who were informed about their care needs and were able to meet people's individual needs.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked at three care plans and associated records. We saw the plans had a consistent structure and included the necessary information to inform staff as to the specific care people required. We found the plans were reviewed on a regular basis. We spoke with two people who used the service or their relatives and they told us they were happy with the level of care they received. One person said "they are brilliant. No trouble at all". The other person told us "my carer is very good". They confirmed copies of their care plans were available to them in their home and that records were made following each visit. We found each care plan contained daily records of the care provided. We reviewed these records and saw care had been provided in line with the individual's care plan. Therefore people received care which was individualised and focussed on their needs.

Care and treatment was planned and delivered in a way which was intended to ensure people's safety and welfare. The manager had identified some of the risks and hazards associated with specific elements of people's care, for example, moving and handling assessments. We also saw there were emergency and access risk assessments completed for each person's home.

The people we spoke with told us their care workers understood their needs, they were timely and stayed the allotted time. One person we spoke with said "I have them twice a week and they are always on time". The other person told us "yes they definitely know my needs. They are very very good". We spoke with three members of staff who were able to demonstrate a clear understanding of individual's care and welfare needs. Staff told us they felt they generally had enough time to meet people's needs. One member of staff said "I have no problem with timings because these are longer calls". Therefore, people were cared for by staff who had the time and skills to ensure their needs were effectively

met.

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. They were cared for by staff who were informed as to what constituted abuse and how to report any concerns.

Reasons for our judgement

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. We saw the agency had a safeguarding policy, which was supported by the Isle of Wight Council multi-agency safeguarding tool kit. We spoke with three members of staff who told us they had received safeguarding training. They were able to demonstrate an understanding of the different types of abuse and could say what they would do if concerns were raised or observed. Therefore people were cared for by staff who understood safeguarding and how to respond.

We spoke with two people who used the service or their relatives. They all said they had no concerns regarding any safeguarding issues. One person told us "Yes I feel safe. They are both nice". Each person using the service had been given a service user's handbook which contained details of what constituted safeguarding abuse and details on how to complain.

The provider responded appropriately to any allegation of abuse. We spoke with the manager regarding previous safeguarding issues which had all been correctly recorded and resolved appropriately. They were able to explain to us their findings, the action they had taken and the lessons learnt.

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. The service had in place a process for ensuring the necessary recruitment checks had been carried out.

Reasons for our judgement

Appropriate checks were undertaken before staff began work. We looked at five staff files and saw they contained all the necessary checks required. These included application forms with details of qualifications, previous experience and Disclosure and Barring Service (DBS) checks. We spoke with the manager who told us they followed an enhanced procedure for recruitment of new staff, which included two reference checks and the DBS check.

We were told all the checks were completed prior to the employee commencing independent work for the agency. We found the dates of the checks and the dates staff started working confirmed that staff had not worked until appropriate checks had been completed. We saw the provider had a process in place to review any issues identified during the checks. We spoke with three members of staff who were clear about their role and responsibilities. They all confirmed they were not allowed to work until all of the checks had been completed. This meant the provider carried out appropriate pre-screening and took reasonable steps to assure the worker was suitable for their role, trustworthy and honest.

There were effective recruitment and selection processes in place. The manager outlined the process they followed to select and appoint new staff. This included a formal interview which examined applicant's suitability for the role. Once employed, new staff "shadowed" which meant working with an experienced member of staff, and completed a comprehensive programme of induction training. This ensured staff were suitably trained for their role.

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

People who used services benefit from sufficient staff to meet their needs. People had their health and welfare needs met by a consistent team of care staff.

Reasons for our judgement

There were enough qualified, skilled and experienced staff to meet people's needs. We saw there was an electronic duty roster system, which detailed the planned cover for the agency and showed staff availability and uncovered calls. We found there were arrangements in place to manage short term absences. This was managed through the reallocation of staff with capacity, the use of overtime and the agency's own bank staff. We spoke with three members of staff who told us there was enough staff to meet people's needs. They said they were able to arrive at the agreed time and did not feel rushed. One care worker told us "I have plenty of time between calls so I don't have to rush". Another care worker said "the time between calls is perfect".

We spoke with two people who used the service or their relatives. They told us their care workers were timely and stay with them for the allocated time. One person said their care worker arrived when they should and added "they have time to come in and put my shopping away for me". Therefore, the provider ensured people were kept safe because their health and welfare needs were met by a sufficient numbers of appropriate staff.

The staff we spoke with told us they had undergone a formal induction programme including a period of shadowing an experienced carer. We saw some of the staff had completed a National Vocational Qualification (NVQ) in care. We spoke with the training officer who told us additional training was regularly offered. They showed us their training matrix which detailed annual refresher training that had been completed or was planned. One member of staff said "We have regular update training each year".

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. The provider sought the views of people using the service and their relatives and took action to address any concerns raised.

Reasons for our judgement

People who use the service, their representatives and staff were asked for their views about their care and treatment and these were acted on. We saw the agency's head office carried out quarterly telephone surveys to service users to obtain feedback of the service provided. We saw the results of some of these surveys, which were included in the person's care folder and showed people were satisfied with the service they received. We spoke with two people who used the service or their relatives. They told us they were very happy with the service provided and would recommend the agency to their family and friends. One person when asked said "oh yes definitely".

We saw there was an effective compliments and complaints policy in place, which was published in the service users' guide. The manager told us they had not received any complaints during the last year. We saw that where complaints had been made in the past, these had been fully recorded and investigated appropriately. They showed us their feedback file which had compliments from people and their relatives. The people we spoke with told us they knew how to complain and most said they had not had any reason to do so. One of the people we spoke with told us "If I had any complaints I would ring the office". Therefore the provider had a system in place to identify people's concerns and respond appropriately.

We found there was a structured quality assurance process in place to regularly assess and monitor the quality of service people received. This included the ability to electronically review staff times of arrival and departure from each call, audits of accidents, fire risk assessments and care plans. The manager showed us their spread sheet which identified when care plan reviews were due or overdue. The provider may find it useful to note there were no formal audits of the completed daily record books when they were returned to the office. This meant changes to a person's care needs may be missed. We found regular spot checks were carried out on care workers by supervisors, which were documented in the person's personal file and used as part of the agency's training needs analysis. Therefore, people benefited from care and support which was safe because the provider had a structure in place to identify, monitor and manage risks.

There was a staff meeting structure, which included one to one supervision meetings and appraisals with their supervisor, where concerns or issues could be raised. We spoke with three members of staff who told us they felt supported by their manager and could raise issues if they had any concerns. One member of staff said "my manager is very supportive. I just ring them if I have any concerns". Another member of staff said "I am very happy with my lot. It's been a lovely experience working for them". Therefore the provider had a system in place to ensure staff were supported in the delivery of people's care.

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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