

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

## PSA Home Care

Puddledock, Caring Lane, Bearsted, Maidstone,  
ME14 4NJ

Tel: 01622236344

Date of Inspection: 06 February 2014

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2014

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>Requirements relating to workers</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	Miss Marta Hondzio
Overview of the service	PSA Home Care provides personal support and assistance for people living in Bearsted and the surrounding area, to enable them to live at home and remain as independent as possible. The agency offered support to older people, including people with dementia at the time of our visit to the service.
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

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 6 February 2014, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with carers and / or family members.

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### What people told us and what we found

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Our aim is to speak with a representative proportion of people who use the service. We spoke to three people who used the service or their relatives. Everyone told us that they would recommend the service to other people. One person said, "I would definitely recommend them because of the quality of care, companionship, communication and because they are very prompt and efficient".

People said that staff respected their or their relatives privacy and dignity, involved them in their care and treatment plans and helped them to maintain their independence.

People said that staff met their or their relatives' individual needs, and carried out the support tasks contained in their plan of care as well as providing companionship. One person told us, "We have confidence that Mum is being well looked after".

The agency did not have clear written guidance setting out how staff should report any concerns about a person's well-being, but staff demonstrated that they knew the correct action to take. People said that they felt safe when they or their relative were being supported by the agency. One person told us, "He is in safe hands. He is very fortunate".

People said that staff had the right skills and staff had received training in key areas in relation to their role.

The agency manager kept in regular contact with people who used the service and their relatives, to ensure that people were receiving the level of care that they needed.

You can see our judgements on the front page of this report.

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## **More information about the provider**

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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

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### Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

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### Reasons for our judgement

People who used the service understood the care and treatment choices available to them.

People told us that when they first contacted the agency, the agency manager visited them to assess their or their relative's needs. This was so that a joint decision could be made about how people's needs could be met. People told us that they and family members had been involved in developing a plan of care and that it reflected their needs. One person told us that the agency manager had been valuable in ensuring that their relative had the right equipment in place, before care support started. We saw that care plans had been signed by the person concerned or their representative which evidenced that they had been involved in and agreed with their content. This meant that people were involved in their care and treatment plans.

Staff demonstrated that they understood how to respect people's dignity and privacy when providing people with support. They said that they had got to know the people whom they supported over a period of time and had developed a relationship with them. Staff explained how they communicated with people in an individual manner. For example, one member of staff said that when they communicated with a person who had dementia, they explained things in different ways and checked to ensure that they had understood what they were saying. People told us that they or their relative were always treated with respect. One person told us that staff addressed a person by their preferred name and another person said, "They treat me as a friend". This meant that people's privacy and dignity was respected when personal care and support was provided.

Plans of care contained detailed information about people's choices and preferences to guide staff. This related to what people liked to eat and how they wanted to be supported with their personal care needs. For example, one plan stated that a person liked the crusts to be cut off their toast. Daily notes recorded by staff evidenced that staff respected people's wishes. For example, one entry stated that a person was tired and therefore did not want to be supported with a shower when staff visited to support them. This meant that guidance was in place about people's preferences and that staff followed it to ensure that

people's choices were respected.

People said that their independence was promoted by how staff supported them. One person explained how their mobility had improved through the support of staff. This meant that people were supported to maintain and promote their independence.

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

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**Our judgement**

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The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

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**Reasons for our judgement**

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People's needs were assessed and care and treatment was planned and delivered in line with their individual plan of care.

We saw that assessments had been made of the needs of people who used the service, before a service was provided by the agency. Assessments included information about people's mobility, nutrition, communication, personal care and medical history. We looked at an assessment of a person who had yet to be provided with a personal care service. We saw that this assessment had been undertaken when the person was in hospital and contained detailed information about this person's health, mobility and personal care needs. The agency manager explained that as this person's needs had changed recently, a further visit would be made to this person before they were provided with staff support. One person told us how staff had immediately responded and adapted their support due to the changing needs of their relative. This meant that the agency ensured that it kept up to date with people's changing needs to ensure that they provided the right level of care and support.

Assessments of people's needs were used as the basis for developing a plan of care for each person who used the service. We looked at two plans of care and found that they contained information about people's health, social and personal care needs. Plans had been individually tailored to the needs of the person using the service and contained clear guidance for staff to follow about what support people required. Records showed and staff confirmed that the agency supported people to attend medical appointments when requested. This meant that the agency supported people to receive advice and treatment from health care professionals.

Assessments of any potential risks had been undertaken including risks in the environment and in relation to people's mobility. Where potential risks had been identified, a written plan of action was in place to reduce the impact of the risk of the person using the service. For example, for people who were at risk of falling, any equipment and staff support that they required had been identified. This meant that people's needs had been identified and any risks had been minimised to ensure that they received safe care.

People told us that they or their relative were supported by a regular team of staff, who

were punctual, reliable, polite and courteous. They said that staff undertook all the tasks that were expected of them and that they provided companionship. Relatives told us that they were kept up to date with any changes in a person's needs, including any specific health needs. Staff that we spoke to demonstrated that they knew the individual needs of the people in their care. People who used the service said that the care that was provided was appropriate to their needs. One person told us, "They have rescued me from a pit of despair, as was in hospital five days", another person told us, "We have confidence that Mum is being well looked after". This meant that people were supported by staff who met their individual needs.

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

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## **Our judgement**

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The provider was meeting this standard.

People who used the service were protected from the risk of abuse, because the provider ensured that staff were trained in how to identify the possibility of abuse and how to respond to it should it occur.

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## **Reasons for our judgement**

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The provider responded appropriately to any allegation of abuse.

People told us that they felt safe with the service and that they trusted the staff who supported them or their relative. One person told us, "I feel safe when they are there"; another person told us, "He is in safe hands. He is very fortunate".

The agency had a policy statement which set out the rights of people who used the service to be free from abuse. It also had a safeguarding policy for adults which set out the definition of abuse. Information for staff about what constituted abuse was contained in the staff handbook. However, the provider may find it useful to note that the action that a member of staff should take if they believed that any form of abuse had taken place was not contained in the policy or staff handbook. Nor was the contact details of the local authority. We spoke to staff about their understanding of safeguarding and protecting people. Staff said that they felt confident to report any concerns to the agency manager. They also understood their responsibilities to report allegations of abuse to social services or the police as appropriate if the agency did not act on them.

Training records showed that staff had received training in how to recognise and respond to the signs of any abuse. We saw that there was a rolling programme in place to ensure that all new staff received training in this important area.

The agency did not have a copy of the 'Multi-agency safeguarding vulnerable adults: Adult protection policy protocols and guidance for Kent and Medway'. This sets out the responsibilities, preventative strategies and good practice for all managers of all agencies caring for vulnerable adults. The agency manager obtained a copy of this guidance during our visit. We spoke to the agency manager about their understanding of their roles and responsibilities in relation to protecting vulnerable adults. The agency manager demonstrated that she understood how to progress any concerns about an adult that staff reported to them. This meant that the agency understood how to report any suspicions of abuse to the relevant authority so that action could be taken to safeguard them.

The agency had a policy statement around whistle blowing policy which said that people who reported the poor practice of someone who was employed at the service were protected, if they did so in good faith. However, the policy was a general statement and it was not evident that it had been adopted by the agency. For example, the policy said, "The agency should make it clear that a worker wishing to voice his/her concern should raise the matter with the named person first, who will deal with the matter objectively". Staff said that they would contact the agency manager if they had any concerns about the practice of a member of staff and that the agency manager was approachable. This meant that although clear guidance was not in place, staff knew how to report any poor practice in the agency, so that action could be taken to address it.

## Requirements relating to workers

✓ Met this standard

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

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### Our judgement

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The provider was meeting this standard.

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

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### Reasons for our judgement

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

New staff completed an induction which followed Skills for Care common induction standards. This is a nationally recognised induction which includes the first things that care staff need to know when providing care and support. The agency manager had experience of writing and developing training programmes and had developed a variety of training programmes for staff, that could be accessed on-line. These included communication, duty of care, equality, safeguarding and the role of the care worker. We saw that staff had completed training in moving and handling, provided by a healthcare professional, first aid, food hygiene and, health and safety. Specialist training had been undertaken by some staff in caring for people with dementia. As part of their induction, new staff spent time shadowing senior members of staff. Staff were also provided with a staff handbook which contained relevant information for their role. This meant that new staff were able to gain the knowledge and experience to work independently.

Everyone told us that staff had the right skills and abilities to meet their or their relative's needs. One person told us, "The agency manager is meticulous about training". The agency manager and an administrative assistant were responsible for ensuring that the staff team of five, kept up to date with training that was necessary for their roles. Staff said that the agency provided them with the training that they required for their roles. This meant that staff received the training and qualifications that they needed to support people's individual and specialist health care needs.

## 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

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### Our judgement

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The provider was meeting this standard.

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

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### Reasons for our judgement

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People who used the service were asked for their views about their care and treatment and they were acted on.

The agency manager was undertaking level 5 Diploma in Leadership for Health and Social Care. This is a nationally recognised qualification for people who manage services in the health and social care sector. Plans of care were regularly reviewed to ensure that they were up to date. Records showed that staff had formal supervisions to monitor their progress. The agency manager said that she was in regular contact with staff and that the team met regularly to discuss any issues or concerns, although these meetings were not formally recorded. Staff said that they felt well supported by the agency manager and that she was approachable and efficient.

Records showed that staff's practice and competency was monitored through unannounced spot checks. At these visits, staff were assessed on aspects of their practice such as their communication and understanding of the people they supported, administration of medication and the cleanliness of the home. This meant that staff were regularly observed to ensure that they were providing the correct level of care.

The agency manager was responsible for providing personal care to people who used the service. We saw evidence and people told us, that she was in regular contact with people by telephone and e-mail to discuss any issues and to keep up to date with people's needs. Everyone that we spoke to said that they would recommend the service to others. Comments included, "I would recommend it as it is reliable and got me out from the doldrums"; "I would absolutely recommend them"; and "I would definitely recommend them because of the quality of care, companionship, communication and because they are very prompt and efficient".

We were told that the agency had not received any formal complaints, but saw that they had received a number of compliments. One written compliment stated: "You were able to help us through a very difficult patch in the most helpful way possible..... They helped X with her increasing problems of balance and mobility". Another written compliment stated: "I really appreciate the level of attention Mum is receiving. I was very impressed with how

well she is doing at the moment, how beautifully her home is being kept and clearly the care she is receiving". This meant that people were satisfied with the level of care that they received.

## 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.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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