

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

## Individualised Care Limited

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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>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	Individualised Care Limited
Registered Manager	Miss Nchedo Adaeze Ukoh
Overview of the service	Individualised Care Limited are registered to provide personal care in people's homes. They provide care to adults over the age of 65 who may have a physical or learning disability and / or a dementia related illness or other mental health condition.
Type of service	Domiciliary care 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'.*

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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 3 January 2013, 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 and talked with staff.

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### What people told us and what we found

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The service was supporting 14 people at the time of our inspection.

We spoke with three relatives of people who used the service. One relative told us that there was good communication between them and the service and that they were involved as necessary in decisions about their relatives support. They told us that they felt the staff were really good and that consistent support was provided. Another relative told us that they had confidence in the support workers and that they felt they were well trained.

We found that people's independence was promoted and that people's choices and preferences were supported. Support workers had a good understanding of the care and support that people liked to receive.

People's needs were appropriately assessed and risks were managed appropriately through care planning. Support workers knew people's needs as documented in their support plans.

We found that the provider took appropriate steps to safeguard people who used the service from abuse. We found that support workers would report concerns around potential abuse to their line manager, but they did not have knowledge of any outside agencies that they could contact when it was appropriate to do so.

Recruitment processes were robust making sure that people employed by the provider were suitable to work with the people who used the service.

We found that the provider had effective systems in place to assess, monitor and improve the quality of care being delivered.

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

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The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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### Reasons for our judgement

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We spoke with three relatives of people who used the service. One person told us that their husband preferred support from a male support worker with personal care and that the registered manager had made sure that he was always supported by a man. All three people told us that their relatives choices were promoted with one person telling us that they often heard choices being offered during the delivery of care. When we looked at the support plan records of four of the 14 people who used the service we found that people's preferences had been documented as guidance for staff. We spoke with four support workers during our inspection about people's preferences. All of the support workers we spoke with were able to explain people's preferences around the delivery of care as well as other likes and dislikes. This meant that the provider promoted and supported the preferences and choices of people who used the service.

All of the relatives we spoke with said that communication between them and the service was good and that they all felt appropriately involved in the decisions made around the delivery of care and support. When we looked at the support plan records of people who used the service we found that the provider had involved and obtained agreement from people who used the service or their representatives, when making decisions about the delivery of care.

We found that the provider supported and promoted the independence of people who used the service. When we spoke with support workers we asked them about how they supported people to maintain their independence where possible. We were given several examples by the support workers we spoke with of how they did this. The ways in which they helped people to maintain their independence matched what we had read in people's support plans. When looking through support plans we saw that the language used around providing support used words such as encourage and prompt to further suggest that people's independence was considered.

**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.

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

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**Reasons for our judgement**

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We spoke with three relatives of people who used the service. One person told us that they thought the support provided was very good and that their relative was cared for in a safe, supported and steady way. Another relative told us that they felt confident with the provider and that they felt that staff were well trained. All three relatives told us that their was continuity of care with the same people regularly providing support. We looked through the staff rotas for a period around our inspection and found that the same staff were regularly supporting the same people. This meant that support workers would have a good developing understanding of people's care needs.

We spoke with four support workers about people's care needs. Each support worker was able to demonstrate a good knowledge of the needs of the people they supported. Support workers knew people's mobility needs and how to support people safely when delivering personal care. They knew about how people's physical and mental health could impact on the support they provided. This meant that people's care and support needs were being effectively provided for.

We found that people's support plans provided detailed guidance for staff to support the delivery of care. Appropriate risk assessments had been completed and regularly reviewed. Support plans had been regularly reviewed to make sure that any changing needs were regularly assessed and met. People's medical history including any history of falls was recorded on support plans. We found that detailed notes that recorded the care and support delivered each day were completed by support workers. Anything that support workers thought may impact on the delivery of care or that may need monitoring was recorded in these notes. This meant that people's support needs were regularly assessed and that the delivery of care was planned to meet those 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 had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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## **Reasons for our judgement**

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We saw two examples of where information of concern had been brought to the registered manager's attention and that on each occasion the registered manager had resolved these issues appropriately to make sure that people who used the service were protected from the risks of abuse.

We saw that the support provided to one person who used the service included managing small amounts of their money. We spoke with a relative of this person and they told us that they were involved in this process and that they felt that moneys were being managed appropriately. When we looked at this person's support plan records we saw that a detailed record of all financial transactions was maintained. This meant that this person was protected from any risk of financial abuse.

We spoke with three relatives of people who used the service who told us that care was provided by the same small number of support workers. One person told us that they were informed in advance if the support worker they were expecting had been changed. We spoke with support workers over the telephone and in the office. The support workers we spoke with face to face were wearing identification. One of the relatives we spoke with told us that support workers wore identification when they visited. This meant that people were assured as to the credibility of staff attending to support them.

We spoke with four care workers. Three of the care workers we spoke with had joined the service within the three months prior to our inspection. We asked care staff what they would do if they were concerned that abuse had been or was taking place. All of the care staff we spoke with told us that they would report any concerns to the office and to their line manager. Two of the care staff we spoke with told us that there was an out of hours contact number they could telephone that was manned by a member of the management team when nobody was in the office. We were given an example by one support worker of when they had identified concerns and had informed the registered manager. This meant that support workers would make sure that the provider was made aware of any potential instances of abuse or neglect.

The provider might find it useful to note that three out of four of the support workers we spoke with were not aware of any outside agencies, such as the Local Authority

safeguarding team, who they could contact directly when it was necessary or appropriate to do so.

## 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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We found that appropriate checks were undertaken before staff began working for the provider. We looked at the personnel files of six support workers, the majority of which had begun working for the provider within the six months prior to our inspection. These staff files contained the information needed for the provider to be able to assess whether or not the applicants were suitable to work with vulnerable adults.

For example, we saw that the service had applied for and received enhanced Criminal Records Bureau (CRB) checks before new staff had been allowed to start work. We also saw that a check had been made for each of these staff against the barred lists held by the Independent Safeguarding Authority (ISA).

In December 2012 the CRB and ISA merged to become the Disclosure and Barring Service.

We saw that the provider had received two written references for each staff member. Where written references could not be obtained we saw that the registered manager had obtained verbal references from previous employers and had recorded the conversations on staff files. We also saw that the provider had obtained identification which meant that they had satisfied themselves that support workers were who they said they were.

We spoke with three support workers. All three told us that they had received training during their induction. One support worker told us that they had shadowed other colleagues on several occasions before they provided support to people who used the service. All the staff records we looked at showed that those support workers had shadowed colleagues as part of their training. Training certificates were on staff files including training in manual handling techniques, the administration of medication and health and safety. These certificates showed that this training had been delivered at an early stage of employment with the service. This meant that people were supported by staff who had received an appropriate induction to the role.

## 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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We found that the registered manager was regularly monitoring and assessing the quality of care being provided by the service. We found that the registered manager made regular phone calls to people who used the service or their representatives to discuss the support they received. There was also evidence of reviews on file where people who used the service or their representatives were asked specific questions about the quality of care both over the telephone and face to face. These included whether all support tasks were regularly completed, whether people felt they were involved and received enough information about their care, whether people felt they needed any extra support and if people wanted to suggest any changes to the way support was provided by the service. We saw that reviews included any changes that had been identified by the provider from the feedback and who was going to implement the changes and by when. We tracked an example of an action that had been identified and saw that it had been completed as required. Having these things in place meant that people who used the service were given regular opportunities to feedback about the service and that this would lead to service improvements if necessary.

We found that care plans were regularly audited and reviewed. Check lists were completed and placed in people's support plan records to make sure that when people began being supported by the service they received a service user guide, risk assessments were carried out, medication assessments were completed and an assessment of people's support needs had been completed.

We found that the registered manager and other members of the management team regularly observed the quality of care being delivered in people's homes by support workers. This included observing whether support workers arrived on time, if they were wearing identification on the day and whether they were supporting people's choices and involving them in their care. This meant that the provider made improvements to care quality through observing support workers delivering care and support.

## 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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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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