Care Quality Commission

Inspection Report

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

Belgravia Nursing and Care

The Care House, Randall's Way, Leatherhead,
KT22 7TW

Date of Inspection: 27 January 2014

Date of Publication: February 2014

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
Cleanliness and infection control	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Care Management Group Limited
Registered Manager	Ms. Sally Maguire
Overview of the service	Belgravia Nursing and Care is owned by Care Management Group. The organisation provides personal and nursing care to people, enabling them to remain in their own home.
Type of service	Domiciliary care service
Regulated activities	Nursing care 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'.

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 27 January 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 and talked with staff.

What people told us and what we found

We visited Belgravia Nursing and Care to look at the care and welfare of people who used the service. We spoke to six people who used the service or their relatives. We spoke with four members of staff, including the registered manager.

All of the people we spoke with were very happy with the service. One person told us "They choose the staff to fit my needs, for me this is perfect." Another person told us "Staff are very pleasant, very kind, and do their best. They are brilliant."

People told us that staff asked their permission before they did things for them. One person said "We discussed consent when we had the assessment; they did a very good review." Another said "Yes they ask my permission and I also signed consent forms when I started with the service."

People who used the service had been involved in the planning of care. We saw that risks had been assessed and action taken to protect the welfare and safety of people. One person told us "The staff are dedicated. They think about ideas to help my relative and are proactive when things change."

Staff understood their roles with regards to cleanliness and infection control. People who used the service told us that staff wore gloves and washed their hands before they provided care.

We saw that records of qualifications, criminal record checks and professional registrations were up to date.

The manager regularly reviewed the performance of the service to ensure it was of a good quality.

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 or treatment they were asked for their consent and the provider acted in accordance with their wishes.

We spoke to people who used the service and asked if staff asked for their consent before they carried out care or support. Most said that staff did. One person said "We discussed consent when we had the assessment; they did a very good review." Another said "Yes they ask my permission and I also signed consent forms when I started with the service." The provider might like to note that one relative said "The carer is brilliant but they do tend to start cleaning and vacuuming when my family member already has a cleaner. So they do not always do what my family member wants."

We asked the staff about their understanding of consent, and how they made sure the care being provided was with the consent of the person who received it. One staff member said "I would always ask the person before I do anything for them." Another staff member said "The care files tell me what I can and can't do for the person. I also ask them if what I am doing is OK." This showed us that staff understood they had to gain people's consent before providing care or support.

We asked staff what would happen if someone changed their mind, or refused support. One staff member said "I would talk to the person and try to help them understand that I'm here to help. If they still refused the support I would make them as comfortable as I could and let them know I would be ready to help when they wanted it. I would also call the manager to let them know and ask for their advice." Another staff member said "I would call my manager. If it was medication I would try to explain to the person what it was for and how it would help them. I would record in the medication records if they refused. I have to accept the person's decision. This showed us that staff respected people's rights to refuse support, and there was a system in place to record these decisions.

We asked staff what would happen if someone lacked the capacity to understand a

decision. One staff member said "I have to try to help the person understand the decision in a way they can understand. I have to inform the manager so they can involve the family. I couldn't make the decision for the person if they didn't understand." Another staff member said "I would try to explain why the decision needs to be made. If it was something like going to a dentist I would explain the process to them. I would explain what would happen at the appointment and explain the benefits to them. I would need to inform the manager, as I couldn't make the decision for the person." When we spoke to the manager they showed us the procedures they had in place for recording best interest's decisions, and how external agencies such as advocates could be used. This meant that staff understood their responsibilities if someone lacked capacity, and that they could not make the decision for the person.

We looked at four care files. We saw that people had signed care plans and risk assessments. This showed us that they had consented to the care recorded in them. The provider might like to note that some of the care plans we looked at had not been signed by the person or their relative. The manager explained that the signed copy would be in the person's home.

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.

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

Reasons for our judgement

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

All six of the people we spoke with said they felt their or their relatives support needs were met by staff. One person told us "They choose the staff to fit my needs, for me this is perfect." Another person told us "Staff are very pleasant, very kind, and do their best. They are brilliant."

The manager and staff were able to describe specific needs of individuals and how they met those needs. One person told us "I think they do a very good job and adapt to situations that may arise very well. We have a variety of specialist equipment and the staff quickly picked up how to operate it correctly and safely." Another person said "The staff have been sensitive to my family member's needs. They are aware of their particular condition and know how to care for them." A third person told us "They do the job rather quickly sometimes, but they get everything done that they are meant to." From speaking with people we saw that care had been provided in a way that met their needs.

We saw that people had an assessment of their needs completed before they joined the service. These had been completed by the manager or another senior staff member. They identified the specific care and support needs of the individual. This included any religious or cultural needs. One person told us "We had a very good assessment that was completed by a trained member of staff. They did a very good review of our needs."

We saw that people's support needs had been recorded in care plans. These recorded a number of aspects about how to support each person. The information on these plans matched with the information that had been recorded during the assessment process. We saw that where changes had been needed the plans were updated to reflect those needs. A staff member told us "I review the care plan every day to check for changes. I also get a handover from my colleague about any changes. The office review the care plans all the time. If I see any changes are needed I call the office and they update the plan."

We saw that staff kept a record of support given in the daily notes. These notes showed

that support had been given as detailed in the care plans. The manager said that the daily support notes were reviewed when they were returned to the office. They said that the person who reviewed them signed the front of the pack to show it had been done. They were reviewed to ensure that the care recorded matched with that specified in the care plan. The provider might like to note that on the four files we checked the daily support notes had not been signed to signify that they had been reviewed. The manager explained that they would get the front sheet changed so there was a clear space for the person to sign that they had checked the notes. People we spoke with confirmed that they received the support they needed and had agreed to.

Staff had received training in areas such as catheter care which would ensure they had the necessary skills to meet the individual needs of the people they supported. People we spoke with confirmed that staff were well trained and could meet their needs.

We saw that risk assessments had been completed to ensure the welfare and safety of people who used the service. For example in the care files we looked at there was a section for risk assessments. These covered areas such as risk from falling and infection control around the use of catheters.

There were plans in place for dealing with emergencies that could affect the service. We saw a business continuity plan was in place. This detailed how the service would respond to a number of emergencies. This meant that the impact on peoples care would be minimised if an emergency took place.

Cleanliness and infection control ✓ Met this standard

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

Reasons for our judgement

People were protected from the risk of infection because appropriate guidance had been followed.

All six people that we spoke with told us that staff wore gloves and washed their hands when they provided care. One person told us "They wear gloves all the time. They also leave our kitchen very clean and tidy." Another person told us "Belgravia give their staff gloves and I see them wearing them. One or two wear aprons for certain tasks. Generally they are very good with hygiene." A third person told us "Certainly they do. They are very good at washing their hands when they come in and before they touch anything."

We saw the risks of infection had been identified and an assessment carried out to control those risks. For example we saw an assessment had been completed around the risk of infection from the use of catheters. These contained guidelines for staff to follow to minimise the risk.

We saw from training records that staff had received training in infection control and food hygiene. This had also been included in the induction training for new staff.

When asked, staff were able to tell us what their roles and responsibilities were with regards to infection prevention and control. One staff member said "I have to wash my hands before and after each task and use gloves and an apron. If I am providing personal care, such as washing someone, I would use different flannels for different areas of the person's body. This would stop me spreading any infection around to other areas of their body." Another staff member told us "I have to wash my hands when entering and leaving the persons home. I use gloves and aprons when carrying out tasks like changing pads, and changing bed sheets." A third staff member said "We have gloves and aprons which we have to use. We also have hand gel so we can use that if we need to. I have to wash my hands before and after each task or visit that I do." This showed us that staff understood and followed the training that had been given.

The provider had produced policies and procedures around the control of the spread of infections. These covered topics such as protective clothing and equipment; the control of

substances hazardous to health and infection control. This showed us that there was a system in place to manage and control cleanliness and the risk of infection when supporting people in their homes.

Requirements relating to workers ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

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

We saw that the provider carried out appropriate checks when employing staff. We looked at the records for four staff members to see what information the provider had received prior to them starting work.

There was information in the files that showed staff had an up to date enhanced criminal record check carried out. This meant the provider had checked that people had no record of crimes that could affect their suitability to work with vulnerable adults.

All four files had completed staff information forms. These detailed peoples' work experience, qualifications (including copies of certificates) and the reason why the person had left their previous employment.

The staff information forms also recorded people's employment history. We saw that where there was a gap in an employment history, the reason had been documented on the persons CV (Curriculum Vitae). The manager told us that they were aware of the need to check for gaps in employment history.

Contact details for references were recorded on the application forms. We saw that written references had been obtained and were stored in the files. This showed the provider had checked that people were of good character.

We also saw that checks had been carried out to ensure that people were who they said they were. We saw copies of passports and other photographic identification, as well as documents that confirmed home addresses.

The files contained details of people's previous training and experience. The four files we checked showed that staff had the necessary experience to support the people that used the service. All the people we spoke with confirmed that they felt the staff had the skills and experience to meet their 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

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.

Reasons for our judgement

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

All of the people we spoke with said they were happy with the service and had never felt the need to make a formal complaint. One person said "I only have good things to say about them." Another person said "I have no complaints; they are very good and do their best for me."

We saw that the manager regularly assessed the service provided in a number of ways. For example we saw the minutes of a quality assurance and safeguarding meeting held in December 2013. The manager explained that this was the first meeting, and future ones were scheduled to take place each month. The meeting was attended by the registered manager and senior staff from the provider. The effectiveness of the service was discussed by reviewing the results of quality audits; feedback from people who used the service; accidents and incidents and safeguarding issues.

The manager showed us that an annual quality audit had been completed in January 2014. This audit looked at different aspects of the service to check that they were meeting the needs of people who used the service. For example a review of care records had been completed to check documentation was complete and correct. A random selection of daily support log books had also been checked to ensure records were complete. Other areas covered in the audit included a review of notifications that were made to outside agencies; a review of risk assessments; and a review of medication administration records. This meant that the manager had a system in place to monitor and review the service provided.

The manager sought the views of people who used the service. This was done by the use of an annual feedback questionnaire. We saw the results from the last survey that had been carried out in 2013. The manager explained that the one for this year was in the process of being developed and sent out. We saw that the results from the last survey had been analysed and a report written. The report highlighted the areas that the service was doing well, and those that required improvement. We saw that where improvements had

been identified appropriate action had been taken.

At the time of our visit we saw there had been one complaint recorded since our last visit. We saw that appropriate action had been taken and the family that had raised the complaint had been kept updated with the action taken. People we spoke with told us they had never felt the need to make a formal complaint. They said that if they did raise any minor issues the manager had quickly put things right. For example one person said "I had a conversation with the manager about an issue. They responded to me and have been very reactive to put things right. I am very impressed."

The staff that we spoke with told us that during staff meetings they were told about issues that may have been raised by people who used the service. This showed that the service reviewed feedback from people and passed the information on to the staff to reduce the risk of someone else experiencing the same issue.

We saw that the service had a system to record accidents and incidents. At the time of our visit there had been none recorded since our previous inspection.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

Contact us

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