

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

Caerus Care Ltd

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

Respecting and involving people who use services ✓ Met this standard

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

Complaints ✓ Met this standard

Details about this location

Registered Provider	Caerus Care Limited
Registered Manager	Mr. Gary Dobson
Overview of the service	Caerus Care Ltd. is a domiciliary care service which is registered to provide the regulated activity of 'Personal care'.
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'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
Our judgements for each standard inspected:	
Respecting and involving people who use services	6
Care and welfare of people who use services	7
Safeguarding people who use services from abuse	8
Requirements relating to workers	9
Complaints	10
About CQC Inspections	11
How we define our judgements	12
Glossary of terms we use in this report	14
Contact us	16

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 26 November 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

People that we spoke with were positive and complimentary about the care and support they were receiving from the agency. One person said, "The care staff are very good and we go swimming and also go to the gym" Care and support plans were 'person centred' and documented in detail. There were regular reviews to ensure that any changes to people's needs were being met. People were involved in the planning of their care and support.

Care staff were trained in safeguarding people from harm and they had access to policies and information regarding how to report any incidents or allegations to the local authority safeguarding team.

The agency had an efficient recruitment procedure in place so that only staff that were suitable to work with vulnerable people were employed.

The agency had an effective system to effectively deal with complaints. Complaints were responded to appropriately and people using the service told us that they knew who to talk to if they had any concerns or complaints.

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

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

Our judgement

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.

Reasons for our judgement

During our inspection on 26 November 2013 we spoke with five people receiving care and support from the agency. People told us that their views were considered at all times. One person said, "The staff are really good and treat me properly and we get on very well" We saw that staff received training regarding in equality and diversity and principles of care during their induction to ensure that they were aware of their role and responsibilities when providing support to people.

We saw assessments which had been completed prior to support commencing. We looked at four care plans and saw detailed assessments that had been received from healthcare professionals. A thorough assessment of the person's needs had also been undertaken by a member staff from the agency prior to support being provided. Assessments included detailed information regarding the person's background, support needs, healthcare, activities, personal preferences and family and professional contacts.

People we spoke with told us that they had been involved in the reviewing of their care and support needs and that their preferences and views were always taken into account. Contracts were in place signed by the person or their representative to agree the care and support that was to be provided.

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 we spoke with were very happy with the care and support they were receiving from the agency. One person said, "The care staff are excellent and help me with money and shopping." Another person said, "The staff helped me to find a job as a volunteer and I look forward to seeing them" A relative we spoke with told us that: "They provide really good care and gets on with them very well"

We looked at four care and support plans during the inspection on 26 November 2013. Care and support plans were written in a 'person centred' style which reflected people's personal needs and preferences and detailed how care and support should be delivered at each visit. There were detailed guidelines for staff covering a wide range of care that was to be provided. Examples included assistance with personal care, communication, assistance with medication, shopping and preparation of meals, assistance with household tasks shopping and accessing events and activities in the community. We saw samples of detailed daily care notes that had been completed by staff to record the care and support that had been provided.

Care and support plans were up to date and were reviewed regularly to record where needs had changed. One person told us that: "I am involved in my review and they let me know what is happening". Care plans were signed and agreed by the person, or their representative, and a member of staff.

The manager told us that the agency had good contacts with healthcare professionals such as GPs and care managers to ensure a well coordinated care package for the person.

There were up to date risk assessments in place to underpin care and support documentation. This was to ensure, as far as possible, that the person remained safe and that care and support could be appropriately delivered. We saw examples of risk assessments including; health and safety and environmental risks.

The members of care staff that we spoke with were knowledgeable about the care and support needs of the people that they were supporting.

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.

Reasons for our judgement

We saw that safeguarding contact information was included in peoples information packs and that a statement was included in support plans regarding staff being responsible to report any incident or allegation of abuse.

There were up to date safeguarding policies and procedures in place and staff had received annual training to ensure that people using the service were protected from harm or abuse. Safeguarding training sessions were included in the staff induction and refresher training was given annually. Evidence of ongoing training sessions was seen in the agency's training files.

Staff we spoke with confirmed that they received ongoing safeguarding training and they were clear about their responsibilities in reporting any safeguarding concerns to their manager. Staff we spoke with told us that they had the contact numbers for the local authority safeguarding team so that they could report any incidents or allegations of abuse. We saw information in the office regarding how to contact the local safeguarding team.

There were no current safeguarding investigations taking place. The provider was aware of their responsibility in notifying the Care Quality Commission of incidents or allegations of abuse.

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

There were effective recruitment procedures in place to ensure that only people who were suitable to work with vulnerable people were employed. We saw the personnel records of two members of care staff. Recruitment documents included evidence of; application forms, employment history, qualifications, interview records, two references, proof of identity, and criminal record checks. The deputy manager we met told us that any gaps in employment were pursued and recorded during the person's interview. The deputy manager told us that all recruitment checks had to be completed before care staff were able to provide support to people.

We noted that people using the service had been involved in interviews. Two people that we met told us that they had been able to ask candidates questions and had enjoyed being part of the interviewing process.

New care staff received an induction which included mandatory training to ensure that safe working practices were followed. We saw evidence of training achieved in a sample of staff personnel files. New staff also completed a detailed induction programme covering the common induction standards which were in line with 'Skills for Care' which is a nationally recognised training organisation.

One recently employed staff, we met during our inspection, told us that they were impressed with the recruitment and induction process and felt that they had been well supported by managers and staff colleagues and felt enabled to raise any issues or concerns. Staff also told us that there were regular team meetings in place to provide them with opportunities to raise and discuss issues and concerns

Each member of staff employed had received information regarding the agency's policies and procedures so that they were aware of their responsibilities and expected conduct

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

Comments and complaints people made were responded to appropriately. complaints people made were responded to appropriately.

Reasons for our judgement

People and their relatives that we spoke with and met were clear about who to speak with if they were unhappy or wished to raise a concern. We observed staff assisting people visiting the agency's office with their concerns in a respectful and professional manner. People we spoke with were positive about the care staff and the support that they received and felt able to raise and discuss their concerns at any time.

A copy of the agency's complaints procedure was included in people's information pack. The deputy manager told us that the complaints procedure was explained to all people using the service and they were encouraged to raise issues or concerns. People using the agency also had access to 'VoiceAbility' a local advocacy service who would assist people with their concerns.

We reviewed the complaints policy/process which included expected time scales and guidelines for people using the service. The manager told us that all complaints were acknowledged and resolved to the person's satisfaction as much as possible. All complaints were recorded in a log book. There were no complaints currently being investigated.

There was regular contact with people using the service either in person or by phone and these were recorded. Complaints were monitored by the manager to ensure that processes were followed and complaints were satisfactorily resolved.

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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