

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

Kalcrest Care Ltd

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We inspected the following standards to check that action had been taken to meet them. This is what we found:

Statement of purpose

✓ Met this standard

Assessing and monitoring the quality of service provision

✓ Met this standard

Details about this location

Registered Provider	Kalcrest Care Limited
Registered Manager	Mr. Paul Whiteley
Overview of the service	Kalcrest Ltd is a home care provider offering personal care and support to people within their own homes and in their local community. The services provided include personal care, assistance with medication, cooking meals and daily activities. The agency is situated near the centre of Bradford.
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:	
Statement of purpose	5
Assessing and monitoring the quality of service provision	6
About CQC Inspections	8
How we define our judgements	9
Glossary of terms we use in this report	11
Contact us	13

Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Kalcrest Care Ltd had taken action to meet the following essential standards:

- Statement of purpose
- Assessing and monitoring the quality of service provision

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 12 September 2013 and talked with staff.

What people told us and what we found

Our inspection on the 10, 11 and 16 April 2013 found we had concerns the provider did not have effective systems in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others. For example there were gaps in the medication records and this had not been identified by the systems the service used to assess and monitor the quality of the service they provided. The provider wrote to us in May 2013 and told us they would take action to ensure they were compliant. We carried out this inspection to check improvements had been made. We found improvements had been made and new systems had been put in place to assess and monitor the quality of the service provided.

We found the services statement of purpose included the necessary information, such as the aims and objectives, the kinds of services provided, names of key individuals working for the service, legal status of the provider and details of the office address.

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

Statement of purpose

✓ Met this standard

The service must tell us about what kinds of services it provides

Our judgement

The provider was meeting this standard.

The Statement of Purpose was up-to-date and provided the necessary information.

Reasons for our judgement

We spoke with the registered manager about, and also reviewed, the provider's Statement of Purpose (SoP). The SoP included all the necessary information, such as the aims and objectives, the kinds of services provided, names of key individuals who work for the service, legal status of the provider and details of the office address. Key policies such as equality and diversity and complaints. The information presented was clear to read and set out in a logical way. The SoP had a clear focus on the aim of providing high quality care which was person-centred and ensured staff was appropriately skilled to provide the necessary levels of support.

The SoP clearly set out the services provided and also what was not provided; this helped set people's expectations and showed people what type of care needs the provider could not meet.

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 had received.

Reasons for our judgement

At the inspection in April 2013 we had concerns the provider did not have an effective system to regularly assess and monitor the quality of service which people received. For example there were gaps in the medication records and this had not been identified by the systems the service used to assess and monitor the quality of the service they provided. The provider wrote to us and told us they would take action to ensure they were compliant. They told us the actions would be completed by the 1st August 2013. At this inspection we looked at what improvements had been made.

We found the registered manager had reviewed the medication records and had put in place a system which enabled them to identify any issues. The registered manager told us they reviewed approximately 20 records each month and if any issues were identified these would be raised with staff. We looked at five medication records and their audits, we found they had been completed and any issues had been responded to.

The agency had designed and started using daily progress notes and medication records, which staff used in people's homes and brought into the office each month. This enabled the registered manager and the care co-ordinators to check them and easily identify if people's needs had not been met.

The registered manager now kept a record of all complaints and concerns which they reviewed each month to look for patterns or trends, such as when staff were late for a visit.

Every six months the staff telephoned people who used the service and asked for their views of the service, and asked if they required any changes to their care. This ensured staff had met the people's needs appropriately. We looked at four records of the telephone calls and saw people were satisfied with the service they had received.

We did not speak to people at this inspection, however during our inspection in April with people's permission we telephoned five people who used the service and visited two people in their homes so they could tell us their experiences of the agency. All told us the

service was "very good" or they were "very happy", one person said it was "excellent and they could not wish for better carers". Four people told us the agency had sought their views about the quality of the service provided.

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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