

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

We are the Care Company Limited

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Date of Inspection: 10 December 2013

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2014

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

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	We are The Care Company Limited
Registered Manager	Mrs. Denise Candy
Overview of the service	We are the Care Company Limited provides personal care to people in their own homes.
Type of services	Community health care services - Nurses Agency only 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'.

	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:	
Care and welfare of people who use services	5
Safeguarding people who use services from abuse	6
Requirements relating to workers	7
Complaints	8
About CQC Inspections	9
How we define our judgements	10
Glossary of terms we use in this report	12
Contact us	14

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 10 December 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 staff.

What people told us and what we found

People who used the service understood the care and support choices available to them, and were involved in decisions about their care. Comments included, "I am very happy with them" and, "They talk to me as an equal and I value this".

People told us that they received regular and reliable care from courteous and polite staff. People told us that they were provided with appropriate information about the services on offer and that their care plan had been reviewed regularly.

Care planning arrangements were in place which included up to date care plans and risk assessments.

Suitable recruitment checks were completed to ensure people were cared for and supported by qualified, skilled and experienced staff.

There was a complaints policy and procedure in place. People told us they knew who to raise any concerns with and they felt confident their concerns would be addressed.

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

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.

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

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

People we spoke with told us that they were very pleased with the care they received. They told us their carers were punctual and reliable. One person who we spoke with said, "They usually come on time, sometimes if they are running a little late they always ring to let us know. We are very happy with the service". Other comments included, "My carer is marvellous" and, "I value the continuity of having the same carers".

We saw care plans based on the assessed needs of the person receiving care from the service. They included the wishes and preferences of people that used the service and generally most had been signed and dated by them. This meant that the care needs and wishes for each individual were recorded in their own personal care plan. Everyone we spoke to told us they had a copy of the plan in their own homes.

Staff we spoke with confirmed that they were able to carry out the necessary care for people and worked regularly with the same people. Staff all said they worked with other team members where people required two people to support their mobility. Staff told us that they could call the office for support or to query anything if they needed assistance or support.

There were arrangements in place to deal with foreseeable emergencies. Staff were all aware of the action to take in the event of a medical emergency or if they could not gain access to a person's property. The provider operated an on-call system outside of the office hours for people to contact and gain advice should they need to do so. Records confirmed that staff had undertaken first aid training to ensure that people's initial safety could be maintained.

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

Our judgement

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.

Reasons for our judgement

The service had a safeguarding of vulnerable adults policy and procedure in place. The staff we spoke with at our inspection told us that they had discussed the safeguarding policy during their induction. All staff said they would raise any potential abuse concerns immediately with the registered manager, who was the person responsible for reporting concerns to the local authority safeguarding team. It was confirmed by the registered manager and staff we spoke with that safeguarding training was provided for all new staff. All staff had undertaken safeguarding refresher training within the past year.

We saw evidence that the agency notified the local authority of safeguarding concerns and alerts in relation to the people that used the service. We also saw from investigation reports and records that allegations of neglect or abuse were responded to appropriately and in a timely way.

The safety of people that used the service was supported by the agency's protocols for recording on diary sheets exactly what care was provided to each person. Care workers recorded factually in files kept within the person's home all the support and assistance that had been provided. People we spoke with told us that they had a file in their homes that their care workers recorded the work they had carried out for them. One person told us, "We were given a handbook and a care plan that was recently reviewed. The care workers write down in a log what they have done daily". This meant that people who used the service had been safeguarded by the maintenance of a record of key events and activities undertaken in their homes in relation to the provision of personal care.

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

Appropriate checks were undertaken before staff began work. We saw checks included a Disclosure and Barring Service (DBS) check and two references. Files contained notes that had been taken during interviews which showed questions about people's competency had been asked. We saw that the provider had documented evidence to verify applicants' identities and photographs had been obtained. Therefore the provider carried out appropriate checks before employment. The provider may wish to note when gaps in employment history had been identified there was no record that this had been followed up by the service.

People who used the service told us they felt staff had the right skills and experience to be able to support them. One person told us, "My carers are brilliant". All staff undertook an induction with the service when first appointed. This covered all areas of the care and support appropriate to providing an effective service to people.

Staff attended medication management and awareness, safeguarding and moving and handling training. The training equipped staff to be able to carry out their caring roles.

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints made were responded to appropriately.

Reasons for our judgement

There was an effective complaints system available. All of the people we spoke with told us they knew how to raise concerns if they were not happy with the care received. One person told us, "I have a very open relationship with the carers and I feel they would listen".

We saw information about how to complain. It explained the stages of making a complaint and also included the Care Quality Commission (CQC) address.

We were shown the complaints policy. This included information about how a formal complaint would be responded to.

We spoke to a care worker about the complaint system. They were confident in knowing what to do if someone raised a complaint with them.

The manager confirmed that there had been one complaint received since our last inspection. This was currently under investigation. The information we reviewed demonstrated that the service would manage a complaint in an appropriate and effective manner.

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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