

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

Creative Media Centre

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Date of Inspection: 12 December 2013

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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
Safeguarding people who use services from abuse	✓	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	Carrienne Care Limited
Registered Manager	Miss Corinna Bousfield
Overview of the service	Creative Media is a domiciliary care agency owned by Carrienne Care. The agency provides care and support for people in their own homes.
Type of service	Domiciliary care service
Regulated activity	Personal care

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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 12 December 2013, talked with people who use the service and talked with carers and / or family members. We talked with staff.

What people told us and what we found

On the day of our inspection the agency provided 15 people with personal care and 15 people with domestic support within their own homes. We spoke with three people who received personal care and one family member. One person told us, "The agency is the best one I have used, staff are always friendly." We spoke with five staff. They felt well supported in their roles.

We found that staff sought consent prior to care delivery. One person told us, "The staff always ask me how I like things done." Staff we spoke with had a good understanding of issues related to consent to care.

We looked at five care plans and found these reflected the care that was provided.

The agency had safeguarding policies in place. Staff we spoke with had safeguarding training and knew how to recognise and report signs of abuse if they had concerns.

We looked at three staff files. We found there were effective recruitment procedures in place.

We found that there were systems in place to check the quality of the services provided.

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

Senior staff told us that before a care package was put into place an initial assessment of needs was carried out. We were told that two staff undertook this assessment. The agency manager told us, "The initial assessment is so important, we take two staff to make sure we do not miss anything." Two people we spoke with told us that they recalled two staff came out to their initial assessment. One person told us, "We discussed what help and support I would need." We noted from care plans that the agency assessment process used information available from assessments conducted by East Sussex County Council and hospital discharge information. There were initial assessments in all of the care records we looked at. This meant people had been involved in discussions which related to their individual needs.

People were provided with a 'Service User Guide' from the agency. This provided information on Human Rights. The document referred to people being entitled to be treated with dignity and respect and encouraged people to exercise their rights and autonomy. People we spoke with told us that they felt respected and involved in their care. One person said, "The staff take their time and always ask me how I like things done." Another person told us, "I know that I can get hold of the manager if I want to talk about anything I wanted to change."

We looked at five people's care plans. Two care plans contained limited recorded evidence of people's personal preferences. However, people we spoke with told us that they were happy with the care they received and felt staff knew their preferred routines. A relative told us, "My mum will make it clear how she likes things done and staff respect that."

Staff we spoke with demonstrated a good understanding regarding gaining consent from people. One staff member told us, "Getting agreement from the person you are supporting is important to make sure they are happy." Another staff member told us, "You get to know people well and their preferred way of doing things, taking your time can be important."

The person or their representative was asked to sign the care plan to indicate their consent to the care being provided. We saw signed agreements in the care plans we looked at. Where the person who received the care was unable to sign this had been completed by their family member or representative. Where a person had refused to sign a care plan there was an explanatory note from staff next to this.

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

We looked at five people's care plans. The initial assessment ensured people's homes were safe for care delivery for both people and staff. The manager told us, "It is important we make sure people are safe from the outset, having a safe environment for care delivery is essential." The manager told us that they had routine contact with the fire services for advice regarding fire safety issues within people's homes. This meant that care had been planned in a way that was intended to ensure people's safety and welfare.

Care plans were held securely at the agency's office and a copy was in people's homes. All care plans we looked at contained a front sheet which was a 'summary of assessed needs'. This identified the number of visits people had scheduled and their key needs on each planned visit. This information had been regularly reviewed.

Care plans contained risk assessments. These covered areas such as moving and handling, psychological and environmental risks. Care plans had been reviewed regularly. On the day of our inspection we saw that staff liaised with a hospital which ensured they were included in this person's hospital discharge meeting. The manager told us that they considered it important to be involved when people were discharged from hospital, so people's changed needs could be met. The manager told us, "We will always undertake a review of care when a client is discharged from hospital." This meant that the agency had taken steps to meet people's individual needs.

We saw evidence within people's care plans that demonstrated the agency worked collaboratively with other health care professionals. For example, a lifting hoist had been arranged for a person via liaison with an occupational therapist. One person told us, "The staff will often help me make appointments with my doctor."

Care plans provided staff with detail of care needs related to areas such as nutrition, personal care, meal preparation and medication. Staff completed daily notes in a 'communication log'. These identified what care had been delivered on each visit. We saw that documentation had been collected regularly from people's homes by senior staff and added to their care plans in the office. The daily notes we looked at were up to date and reflected the care that had been provided. We asked people if care staff completed the

notes each day. All the people we spoke with told us care staff always filled these in. One person's family member told us, "I often look through the paperwork to check what times the carers have been in and when my mum has had a bath." One staff member told us, "I record all the tasks I have been involved in on each visit."

People and their families we spoke with were positive about the care provided by the agency. One person's relative told us, "I have found everything to be really professional with the agency, communication is a strength." Another person told us, "I am happy with my carers. They are very friendly and cheer me up."

The agency ran an 'on call' system during 'out of hours.' This was available to staff and people and their families if they needed to speak to a senior member of staff when the office was closed. The office phone number diverted to the on call mobile.

We found that there were arrangements in place to deal with foreseeable emergencies. The provider had an infection control policy and staff we spoke with followed the procedures to minimise risks of contamination and infection. We saw that emergency services had been called appropriately with people's consent. The wishes of people who had expressed their preferences regarding their end of life plan and resuscitation were made accessible in their care plan file for the emergency services.

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

People told us that they felt safe whilst being cared for by the agency staff. One person said, "I feel very relaxed having them in my home." Another person told us, "The staff use a key safe system and it works very well." One relative told us that they also felt safe with the care staff being in their mother's home.

The agency had a system in place whereby a new member of staff was gradually introduced to people they would care for during their induction. People we spoke with told us that they had never had a missed call from the agency. They told us that the office kept them informed. One person told us, "They always let me know if they are going to be late."

We saw that the provider had a safeguarding and whistleblowing policy in place. These policies provided guidance for staff on how to recognise the signs of abuse and the action to take if they suspected or witnessed abuse. The policies described which agencies to contact if they had concerns they felt had not been addressed by the provider. For example, the local authority and the Care Quality Commission. One staff member told us, "If I had any concerns I would speak to the agency management straight away." We saw documentation which demonstrated that staff had regular safeguarding training. Staff we spoke with had a good understanding of the types of abuse and were aware of the whistleblowing policy.

We saw the minutes of a recent team meeting where staff had discussed the importance of not 'unloading' their own issues onto people as this could cause anxiety or distress. The manager told us, "There is a delicate balancing act staff have to walk. They have to be friendly and open but not too over familiar and share their own worries." This meant that staff had discussed issues related to professional boundaries. One staff member said, "I find the staff meetings helpful."

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 and selection processes in place. We looked at three staff files. We saw that files contained a completed application form. Application forms contained questions on employee's health. This meant that the agency had taken steps to ensure staff employed were suitably fit to undertake their duties.

Checks had been carried out by the agency which ensured new employees were safe to work independently with vulnerable people. For example, two references had been requested. We saw copies of these references on the staff files we reviewed. Criminal background checks had been undertaken. There was evidence of these checks on file.

We saw copies of personal identifiable information. These included copies of staff's passport, driving licence, bank statements and birth certificates. Included within files were photographs and evidence of the employee's address. This meant that the agency had made checks on staff identities.

There was an induction programme for new employees. We were told by senior staff that new care staff had 'shadow' shifts when they began their role. Staff we spoke with confirmed that they had undergone an induction. One person told us, "I have worked in care before but I found the induction really helpful." The staff training available included class room training, workbooks and e-learning. We saw documentation that demonstrated staff had regular supervision. There was also a system of care workers 'spot checks' in place. This meant that staff had been regularly assessed to ensure they were suitably qualified to undertake their role.

We saw that there were policies in place to support and protect staff. For example, there were risk assessments in place to protect staff when working in people's homes and when working alone.

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

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. We saw documentation that demonstrated that quality satisfaction monitoring had been undertaken on a six monthly basis. We saw the results from the most recent survey were positive. We noted that changes had been made as a result of the survey. For example, visit timings had been adjusted for one person.

There was a rolling timetable of review meetings planned with people who used the service and, when appropriate, their representatives. One person told us, "I have had sit down meetings where we chat about how my care is going and if I need anything changed."

People that we spoke with told us they were able to contact the management easily. They told us that the manager visited them and they could discuss any changes or improvements with them.

We saw that there were systems in place to audit the daily notes when they returned to the office. The manager told us, "Checks are undertaken to ensure that effective recording has taken place. We will discuss with staff individually if there are shortfalls."

There was evidence that learning from incidents took place through discussions at staff team meetings. One member of staff told us, "The team meetings are a good place to discuss things that can be improved." There were no accidents or incidents recorded. Staff told us there had been no accidents or incidents to report.

There was a policy in place to handle complaints and people had a copy of this in the care record kept in their home. One person told us, "I've not had a complaint, but I would know who to contact if I did."

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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