

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

Care 4 U Hampshire Ltd

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Date of Inspections: 04 November 2013
30 October 2013

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

Details about this location

Registered Provider	Care 4 U Hampshire Limited
Registered Manager	Mrs. Patricia Irons
Overview of the service	Care 4 U Hampshire Ltd is registered to provide personal care to 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 30 October 2013 and 4 November 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 carers and / or family members and talked with staff.

What people told us and what we found

At the time of our inspection, the agency was providing personal care to 30 people in their own homes. We spoke with nine people who used the service and two of their relatives as part of our inspection.

People spoke highly about the care they received from the agency. They told us that they received good, reliable care that met their needs and respected their wishes. For example, one person told us, "They note what needs doing and they do it. They are very reliable", while another person commented, "They are very good. I have no complaints at all."

The agency had procedures in place to ensure that staff employed by the service were suitable to provide care for people. Staff were also given training and support to be able to carry out their work effectively. People who used the service told us that they felt the provider picked staff well and they found their care workers to be kind, caring and able to meet their needs.

The agency had systems in place to monitor the quality of care that people received which included surveys, care reviews and checks on staff. This helped ensure that people's needs were met, risks to their health were managed and people were satisfied with the support they received. People described how the provider had made changes to their care as a result of their comments. People had confidence that the registered manager would listen, and respond to, any concerns they had.

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

People who used the service were treated with respect and dignity. We spoke with nine people who used the service and two of their relatives. All the people we spoke with told us that care workers were polite and respectful towards them. For example, one person told us, "They are always very careful when they come into the house. They call out and let me know they are here." Another person commented that staff respected them by always calling them by their preferred name. A third person described staff as "very kind and caring" and described how staff had taken time to understand their personal situation and needs.

People were given choices about the support they received. People told us that staff listened to what they had to say and made changes to their care as a result. For example, one person told us how they had wanted to reduce the number of visits they had. They told us that the agency had respected their decision and they now received fewer visits. Another person told us that staff had made changes to their personal care routine based on what they had told them. They said, "As soon as I told staff that I didn't like my shower done that way, they changed it. They go along with me." We saw that people's preferences were incorporated into their care plans to ensure they received the care they wanted.

The registered manager told us that they consulted with people regularly to ensure they were involved in decision-making about their care. For example, they told us how one person who used the service wanted to try to be more independent with their personal care. They told us that care workers had respected their wishes and were now monitoring the person's progress. They also told us that another person had specifically asked for one care worker to provide their care and this had been respected as far as practicable. We spoke with the person concerned and they agreed that their wishes had been upheld and they were very satisfied with the arrangements. A relative we spoke with commented, "They are good at taking on board my views." This meant that people who used the service were able to influence the support they received.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

Reasons for our judgement

People received reliable and consistent care from the agency. All the people we spoke with told us that they knew which care workers would be visiting them each day and what time to expect them. For example, one person commented, "You get a sheet to tell you who is coming. They always come. They never let you down", while another person said, "They are punctual. They always turn up even when the weather is pretty dreadful." Staff confirmed that, as far as possible, they visited the same people each week which ensured they had a good understanding of their routines, needs and preferences.

Staff had information about people's needs which enabled them to provide appropriate care. We looked at the care assessments and care plans for five people who used the service. We saw that people's needs were assessed before they started to use the service and care was planned to meet their needs. For example, care plans told us about people's needs in relation to their mobility, communication and the help they required with washing and dressing. We spoke with three care workers, all of whom told us they had access to enough information about people's needs to enable them to deliver appropriate care. People who used the service confirmed this, telling us that staff were aware of their needs and gave them the support they required. The provider may find it useful to note that, although people's care plans contained some information about the creams they needed, one care plan we looked at was not clear about how often a cream should be applied.

Risks were identified as part of people's care assessments to ensure their safety and welfare. For example, where one person was known to experience low moods, they told us that staff checked how they were feeling every day. Where another person was at risk of developing pressure sores, we saw that there were instructions for staff on how to minimise risks. Staff were able to tell us about people's needs and how they monitored people's health and well-being.

Staff communicated with health care professionals to ensure people's needs were met. People who used the service told us that staff were very good at picking up on changes to their health and had contacted their doctor or community nurse to report concerns. For example, one person told us that staff had contacted their GP when they had been unwell. Another person told us that the agency had ensured that the emergency services were

called in response to concerns. The registered manager described how they were currently liaising with various health care professionals in relation to the needs of three people who used the service. We saw correspondence that supported what they told us.

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 by suitably qualified, skilled and experienced staff. Appropriate checks were undertaken on staff before they provided personal care to people.

Reasons for our judgement

People who used the service were satisfied with the care workers who provided their care. We spoke with nine people who used the service and two of their relatives. All the people we spoke with commented positively on staff. One person told us, "They are very caring people", while another person said, "We've always liked the carers who have come along." A third person said they felt the provider picked staff well to ensure they had the right skills, qualities and experience for the job.

The agency carried out suitable checks on staff before they provided personal care to people. We looked at the recruitment records for three care workers. We found that all three records contained a criminal records check, professional and personal references to evidence people's suitability for the role of care worker, a recent photograph and proof of identity. Information about people's qualifications, skills and experience was also gathered during the interview process to determine whether they were suitable for the job. The provider may find it useful to note that, although we saw that procedures were in place to ensure that a full employment history was obtained for new staff, one person's record did not contain complete information.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

People had confidence in the staff who provided their care. We spoke with nine people who used the service and two of their relatives, all of whom told us that staff were able to give them appropriate help with their personal care needs. For example, one person told us, "They definitely know what they are doing", while another person commented, "They are very good. They certainly give me what I need. I have no complaints at all."

Staff received training to ensure they were able to meet people's needs. We spoke with three care workers, all of whom told us that they had received training from the agency to enable them to fulfil their role. They told us that this included training in moving and handling, health and safety, understanding dementia, leadership and end of life care. We looked at the training records for three members of staff which showed that staff had received training appropriate to their work.

Staff received support, supervision and appraisal to be able to carry out their work effectively. All three staff we spoke with told us that they felt they received enough support from the management of the agency. They told us that this included regular supervision and appraisal meetings as well as informal support over the telephone. For example, one member of staff told us, "I have supervision and there is always someone on the end of the telephone if I need it."

Records showed evidence of meetings that had taken place between managers and staff to discuss their work and training needs. We saw that where training needs had been identified, these had been followed up to ensure staff had the skills they needed to provide people's care.

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 received. There was an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who used the service.

Reasons for our judgement

The provider had systems in place to monitor the quality of care that was provided. Records showed that this included annual surveys which were sent out to people who used the service, regular reviews of people's care and monitoring checks on staff. People who used the service confirmed that they had regular contact from the agency and had been given opportunities to comment on their care. They told us that the registered manager kept a careful eye on the care they received and had made changes to their care based on their views and wishes. The provider may find it useful to note that, at the time of our inspection, comments about the service were dealt with on an individual basis. There was no formal system for analysing all the information they received to make improvements across the service as a whole.

The provider took account of people's concerns to improve the service. For example, one person described how the registered manager had taken prompt action to respond to a concern they had raised. They were satisfied with the response they had received. All the people we spoke with told us that they felt able to talk to the registered manager if they had concerns. People had confidence that the agency would listen to them and respond effectively.

There were procedures in place to identify and manage risks to people who used the service. We saw records that showed that people's health and well-being was monitored and changes were reported to relevant health care professionals. People who used the service confirmed this, telling us that they had confidence in staff to give them the help they needed to be safe. Staff also gave us examples of occasions where they had intervened to ensure that people received appropriate support. This included arranging an additional visit to a person who was unwell, communicating with people's relatives and calling the emergency services. These arrangements helped ensure that people received safe care that met their needs.

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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