

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

Mer Ka Barn, Sindles Farm

Sindles Farm, Aldsworth, Emsworth, PO10 8QS

Tel: 01243386335

Date of Inspection: 03 February 2014

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

Management of medicines	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard
Complaints	✓ Met this standard
Records	✓ Met this standard

Details about this location

Registered Provider	Community Angels Limited
Registered Manager	Mrs. Andrea Jeffries
Overview of the service	<p>Community Angels Limited is a domiciliary care agency providing care and support to people who live in the community.</p> <p>It is registered to provide the regulated activity of Personal Care.</p>
Type of service	Domiciliary care service
Regulated activity	Personal care

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Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Mer Ka Barn, Sindles Farm had taken action to meet the following essential standards:

- Management of medicines
- Requirements relating to workers
- Assessing and monitoring the quality of service provision
- Complaints
- Records

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 3 February 2014, sent a questionnaire to people who use the service and talked with staff.

We were supported on this inspection by an expert-by-experience. This is a person who has personal experience of using or caring for someone who uses this type of care service.

What people told us and what we found

We visited this agency on 3 February 2014 to follow up on areas of non-compliance that we found at our inspection in May 2013.

At the time of our visit there were approximately 260 people using the service. We sought feedback from 81 people via the use of questionnaires and an expert by experience. Of this 81, 42 people or their relatives responded. The majority of people responded positively and told us that they received the care and support they needed by staff who had the right skills and knowledge. Comments included "They do my personal care very well", "Their visits brighten my day".

We also spoke with seven members of staff including care staff, risk assessors, the person employed to manage quality, recruitment and training and the registered manager. Most staff we spoke with were positive about the agency and told us the care plans provided good information. Some staff and people expressed concerns about the communication from the office, telling us that when carers are running late, people are not always advised of this by the office.

At our previous inspection we found the agency were non-compliant in the following areas:

- Management of medicines
- Requirements relating to workers
- Assessing and monitoring the quality of service provision

- Complaints
- Records.

We told the agency to send us an action plan detailing what action they would take to ensure they achieved compliance. We received this in July 2013 and they told us they would achieve compliance by December 2013.

At this inspection we found that the agency had taken appropriate action and were now achieving compliance in these areas.

Prior to this inspection we received some information of concern relating to staff induction, training and risk assessments. We reviewed these areas and found that staff induction was appropriate and all staff we spoke with told us this was good. Staff had received training although the provider had identified a need to improve the moving and handling training to ensure a practical element was included. They had a plan in place to address this. Records were detailed and risk assessments were in place where needed.

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

Management of medicines

✓ Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

During our inspection in May 2014 we found that people were not protected against the risks associated with medicines because the information in care records was not always complete and did not provide clear guidance to staff. We judged this as non-compliance with minor impact and asked the provider to send us an action plan. The provider sent us action plan in June 2013 detailing what they would do to improve this. They told us that they would ensure records were clearer for staff and confirmed that staff received medicines in training as part of their induction.

At this inspection we found that the records held in relation to medicines were much clearer for staff. We reviewed the records for seven people and each person had a medicines management plan. Where required this detailed the level of support the person required with their medicines, for example, prompting only, supervision to take, full support with administration.

The care plans did not hold a list of medicines as we were told that these can change frequently and therefore records may not always be up to date. The provider told us they would ensure that the current and most up to date information on medicines was available in the medicines dosage system at the person home. We saw that the care plans referred staff to look at the medicines list in the person's home.

We saw that where people required support with medicines a record was maintained of this.

We further noted that the provider had introduced a disclaimer into the care plans which stated that care staff were only able to support the taking of medicines with conditions. These were: if they were prescribed and in a monitored dosage system or with written confirmation from the prescribing doctor that the agency had been authorised to support the person as a delegated duty of care. This also clearly outlined the agency and the prescriber's roles and responsibilities.

This meant that appropriate arrangements were in place for the recording of medicines and people were protected against the risks associated with medicines because the guidance for staff was clear.

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

At our previous inspection in May 2013 we found that people were at risk of being cared for or supported by unsuitably qualified, skilled and experienced staff because the provider did not undertake appropriate checks before staff began work. We judged this as non-compliance with moderate impact and asked the provider to send us an action plan. The provider sent us an action plan in June 2013 detailing what they would do to improve this. They told us they would update their policy and reapply for relevant checks.

At this inspection we found that the provider had taken appropriate action to achieve compliance.

We noted that the provider's policy for recruitment of staff had been updated. This detailed the process that the agency would take for any staff recruited, including; an application form, interview, two references and a Disclosure and Barring (DBS) check. The policy noted that staff employed were able to provide support to people once the DBS first check had returned as clear.

We sampled the recruitment information for eight staff. We found that for these staff the provider had ensured there were application forms and photographic identification. We noted that for seven staff, records were held electronically of when the full DBS check had been returned. For the eighth member of staff we looked at we could see that the DBS had been applied for and the first check had been returned.

The provider's process was that staff completed a shadowing period with experienced staff before applying for the DBS check. Once the DBS first check had been returned the staff were then able to commence lone working with people. We looked at the records to determine if staff had started work before the DBS first check had been completed. We noted for seven of the eight this was very clear and they had not started 'lone working' until the full DBS had been returned. For the eighth member of staff they had completed their shadowing period and started working prior to the DBS first being returned however, records showed they were not lone working.

We found this information was difficult to track for some staff as the checklist the provider had was not always fully completed and did not contain the date the DBS first check was returned. We spoke to the person responsible for recruitment who told us that they would be amending the checklist they used to monitor recruitment for people and would ensure this was included.

For two of the eight records we reviewed, there were no references in the file. We spoke to the person responsible for recruitment and the person responsible for quality about this. We were told that for one of these people, references had been sought however, they were in the processes of auditing all staff records as it had been identified by the provider that these were not in the file. We were told and could see that this person was taking appropriate action to address this. We were told that for the second person references had not been requested as this was a previous employee who had worked for the agency three months prior to reapplying for a job and based on risk they felt this was not required. This risk assessment had not been recorded. The provider may find it useful to note that where required written risk assessments would provide a clearer audit trail.

All staff we spoke with told us that they were required to complete an application form, attend an interview and that DBS and references checks were undertaken.

Prior to this inspection we received information of concern about the induction of new staff and manual handling training. We discussed this with the registered manager and the person employed for quality. They told us that once new staff were employed they were required to undertake a period of shadowing with more experienced members of staff. They told us that this period of time was dependent on the individual person and any relevant experience they may have. We saw records held electronically for staff about when they undertook shadowing with other staff. The manager told us staff were then required to complete an e-learning course for manual handling, medicines and common induction standards training. The registered manager told us that staff were supported by experienced and trained staff to understand the practical elements of manual handling and the use of equipment however, at present this was not formalised. They told us they had become aware that staff wanted practical manual handling training and as such had plans for care assessors for each locality area to become manual handling trainers. They would then be required to deliver the practical element of manual handling training to staff.

Staff we spoke with told us they felt their induction was satisfactory and had completed both theory and practical manual handling training. The majority of people told us they felt the staff had the right skills and knowledge to support them.

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

At our previous inspection in May 2013 we found that the provider did not have an effective system in place to regularly assess and monitor the quality of service that people received. We judged this as non-compliance with moderate impact and asked the provider to send us an action plan. The provider sent us an action plan in June 2013 detailing what they would do to improve this.

At this inspection we found that the provider had taken appropriate action to achieve compliance.

People who used the service, their representatives and staff were asked for their views about their care and treatment. We were told that on an annual basis surveys were sent to people using the service requesting their feedback. We were provided with a copy of the analysis of the most recent survey from 2013 and saw where required actions had been developed to address areas that could be improved.

For example, we saw that 98% of people asked stated that they were treated with respect by carers. We also saw that 92% of people asked stated that they were always or usually satisfied with the service they received. The analysis noted that some comments included that people were not always sent rota's, informing people of the visit time and the name of the member of staff that would attend. This noted that people had been informed that if they requested a rota, they would be sent them either electronically or be provided with the information over the phone. We were told and saw that consistent staff provided support to people and this only changed if there was any sickness or annual leave. People's visit times were annotated in their care records and people had been sent letters in 2013 advising that staff may arrive 30 minutes either side of this time. People confirmed that they had regular carers although three we spoke with felt that the agency could improve by keeping them informed if carers were running late or if they were changing. One person told us that they are now informed if the care staff are running late because they had requested this.

We saw that in September 2013 care assessors had met with a sample of clients to gain feedback. This included asking the person about their satisfaction of the service. We noted that comments received from people included; "They are lovely and very caring", "No

weaknesses, I find them very accommodating", "I couldn't be without the care I receive".

As part of our inspection we received feedback from 41 people who used the service or their relatives. Of the 25 questionnaires we received 12 told us they had not been asked to provide feedback about the service. Of the 17 people we spoke with some told us they had not been asked for feedback. People we received feedback from were generally positive about the service they received. The general opinion was that the quality of the service was very good. They all felt that the carers work well. One said, the agency "Are very good." Another said, "We are very lucky with the care we receive." A further two people told about how they had requested changes to be made to their support and this had been done.

Spot checks on staff were carried out randomly and staff we spoke with confirmed this, although some said they knew it happened they had never had one themselves. We were told that this format had recently been changed to include supervision for staff as this was an area that had been difficult. We reviewed a sample of these records and saw they included checks on areas of staff working practice, training needs, attendance at work and any support staff may need. These also included feedback from people who used the service. Feedback to staff members included "Very efficient, polite and friendly. Communicated well with the client, family and day carer". Staff we spoke gave mixed views about supervisions sessions, some told us they happened and worked well, others told us they did not always happen regularly but that they were always able to contact someone if they needed support or advice. Staff told us if they felt they needed extra training they could request this and it would be provided.

We spoke to the registered manager about this and they informed us they were aware that this was an area that required improvement. They told us of the change to the spot check format to enhance this for staff and support care coordinators to complete these. The provider told us they had made an application to register a new location with CQC. They told us that this would be more central to the carers and they hoped that this may address any issues with supervision and communication.

We found that risk assessment had been completed for people and included information about any environmental risks and other risks such as falls. We looked at seven peoples care records and saw that the manual handling risk assessments identified the persons support needs and action staff should take, For example, ensuring the floor was clear of any trips hazards and that walking aids were within reach of people and they were encouraged to use them. For three of these people the records told staff to check the equipment was safe, however they did not provide details about what staff should be looking for and how they would know it the equipment was not safe.

We discussed this with the registered manager and the person responsible for quality who told us they would ensure this was actioned. Following our visit we were provided with minutes of a meeting that had been held with the risk assessors for the service. This provided very detailed information about what action the risk assessors needed to take to improve the risk assessment for manual handling. This also outlined that this would be reviewed in one month's time.

We saw that the provider had introduced a system of audits for monitoring the service. This included detailing what action the agency currently takes and what they would do to improve.

We reviewed the audits for monitoring and assessing the quality of the service and noted an action for restarting monthly accident, complaint, and audit meetings and revising the complaints form. We noted that the audit for medicines included that the policy needed to

be updated and the audit for safeguarding noted that the handbook needed to be updated. We saw that these had been completed. We were told that these audit records would be reviewed and updated annually unless an identified need arose.

We saw that monthly meetings took place with the registered manager and other relevant staff to look at the complaints received, incident and accident information and anything arising from the audits. These minutes included a breakdown of this information what action had been taken, and any action that was required. For example, we saw for December 2013 that this meeting identified that five complaints had been received, four had been addressed immediately and one was being worked through. We noted that at the time of our visit this complaint had been resolved. We saw that these minutes also recorded any accident/incidents that had occurred and any actions taken as a result.

The provider took account of complaints and comments to improve the service. We saw that the service tracked any complaints they received and held a clear record of any actions taken as result. We saw for one complaint that a staff meeting had been held to ensure that all relevant staff had been aware of the issues and actions that were required to prevent a similar situation occurring again. We also saw that following complaints people were sent a questionnaire requesting feedback about how the agency had managed the complaint. We reviewed a sample of these and found the feedback to be positive. This meant that learning took place and changes were made as appropriate.

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 people made were responded to appropriately.

Reasons for our judgement

At our previous inspection in May 2013 we found that the provider did not have an effective complaints system in place and could not demonstrate that comments and complaints made were responded to appropriately. We judged this as non-compliance with minor impact and asked the provider to send us an action plan. The provider sent us an action plan in June 2013 detailing what they would do to improve this.

At this inspection we found that the provider had taken appropriate action to achieve compliance.

People were made aware of the complaints policy. We saw that within the information that people was a copy of the complaints procedure. The majority of people we received feedback from, knew how to make a complaint if they needed to.

People had their comments and complaints listened to and acted upon.

We saw that all information in relation to a complaint was held in a central file. We saw that once a complaint was received this was investigated by the appropriate person and feedback was given to the complainant. Where further action was required we saw that this had been completed. For example, for one complaint we saw that following this a staff meeting was called to address the issues and inform staff of the actions they needed to take to prevent a similar situation occurring.

We saw that following complaints being addressed, people were sent a questionnaire requesting feedback about how the agency had managed the complaint and asking if the person was satisfied.

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

At our previous inspection in May 2013 we found that people were not always protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were not maintained. We judged this as non-compliance with minor impact and asked the provider to send us an action plan. The provider sent us an action plan in June 2013 detailing what they would do to improve this.

At this inspection we found that the provider had taken appropriate action to achieve compliance.

Peoples care records were not always accurate.

At our last inspection we found that peoples care records did not always provide clear information or were accurate. During this inspection we reviewed the care records for seven people using the service. We found that the information contained within them was detailed about the support staff should require. Any prior information that may cause confusion if the records had not been updated such as lists of medicines had been removed and replaced with clearer information. We saw that daily records were being maintained and that call times were clearly logged. Information held electronically showed records of contact with people, carers and other professionals.

Staff we spoke with told us that care plans had improved and they contained good information about how to support people. One person told us "There the best care plans I've ever worked with".

Nearly all staff we spoke with told us that information about new people to the service could improve. They told us that most of the time there is no information in the person home because this is being typed up. Some staff told us they will get an email with information before they go in to the person and that this is really helpful, however this approach was not consistent.

We discussed this with the registered manager who told us that one risk assessor had developed a format to leave in the person's home, following the assessment which will

provide staff with basic information about the support the person will require. They told us this is while the care plans are typed. They told us this had been discussed during a meeting and the same approach will be rolled out to all risk assessors to use for any new people to the service.

Records were kept securely and could be located promptly when needed.

We found that all paper records for people who used the service and staff were held in individual files within a lockable filing cabinet. Electronic records were password protected so only authorised staff could access these.

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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