

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

Kelly Park Caring Agency Limited

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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
Cooperating with other providers	✓	Met this standard
Requirements relating to workers	✓	Met this standard
Complaints	✗	Action needed

Details about this location

Registered Provider	Kelly Park Caring Agency Limited
Registered Manager	Mr. Richard Bird
Overview of the service	Kelly Park is a domiciliary care agency, providing care and support to people in their own home.
Type of service	Domiciliary care service
Regulated activity	Personal care

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'.

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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 6 January 2014, 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

The arrangements for supporting people to make decisions and consent to any care, treatment and support they received were in place. We saw people were supported to take appropriate risks to promote their independence.

We saw evidence how the provider co-operated with other providers to protect the health, welfare and safety of people who used the service.

When we spoke to people who used the service they told us the relationship they had with the staff who supported them was good. They said the personal support they received protected their privacy and dignity.

The recruitment records demonstrated that all appropriate checks were in place before an employee commenced work at the agency.

The records we looked at showed us people were cared for and supported by suitably trained staff to deliver care, treatment and support safely and to an appropriate standard.

We found suitable arrangements were not in place for handling concerns and complaints. We could find little evidence that complaints had been fully investigated or redressed.

You can see our judgements on the front page of this report.

What we have told the provider to do

We have asked the provider to send us a report by 13 February 2014, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service

(and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Six people who used the service told us they were asked for their permission prior to receiving care or support from staff. For example, they told us staff asked them how they preferred to be supported and to choose what they wanted to eat and drink. This showed people were involved in decisions about the care and support they received.

We asked staff how they obtained consent from people. They were able to give examples of how they obtained verbal consent. They explained how they would ask people if they wanted to do something, for example, what to eat, take a shower or a bath. They said if people refused, they would always respect their decision and re-visit later. This meant people could be confident their human rights would be respected and taken into account.

The registered manager and deputy manager explained to us how, before people started to use the service, they visited them in their own homes to carry out an assessment of people's support and care needs. They also told us people's preferences were also listened to and acted upon wherever possible.

We spoke with the registered manager about the systems they had in place to gain and review consent from people who used the service. She said the system they used to gain and review consent was based around people's risk assessments and agreed risk reduction measures. They told us the majority of people who used the service had the ability to consent to their care, treatment and support. Where people lacked capacity, they consulted with their relatives or other professionals involved who had sufficient knowledge about the person's support and care needs.

We looked at the risk assessments in place for the people who used the service. We saw each risk assessment included a description of the activity with the risk associated to it, factors that might increase risk and the agreed risk reduction measures to be taken to

keep people safe. We saw each risk assessment had a section to be signed by the person who used the service or their representative. This meant that processes were in place to obtain and recorded the valid consent of people who used the service about how they should be supported.

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 found people's needs were assessed and care and support was planned and delivered in line with their individual care plan.

The people we spoke with said they were happy with the care and support they received. One person told us "It's alright. I've had a lot of support from Kelly Park and I am satisfied with the help that I get." Another said, "I like the way they ask me about how I like things to be done. My support worker is very good and reliable."

We looked at the care records for six people who used the service. We saw people's needs had been individually assessed, and where necessary plans of care drawn up. We also saw detailed information had been supplied by other agencies and professionals, such as social services. This was used to complement the care plans and to guide staff about how to meet people's needs. We saw personalised risk assessments were in place to support people with activities. These included taking medication, bathing and showering and mobility. This meant the provider ensured every effort was made to meet people's individual needs and promote their independence.

The care plans we looked at were person centred and included people's personal preferences and their likes and dislikes. They also included information about people's health needs and records of contact people had with other healthcare professionals, including GP's, dentists and opticians. We saw evidence of six month review meetings had taken place. These review meetings had been attended by relatives, senior support staff and people's care managers where appropriate. These meetings provided people with an opportunity to make comments, suggestions and decisions about the delivery of their future care, treatment and support needs.

The care plans were supported by additional records. For example, people's weight and food intake were recorded regularly. We also looked at people's daily record sheets which were completed by support staff. These included reference to comments made by relatives, health, people's safety, behaviour and daily activity.

We spoke with staff about the people they supported. It was clear they knew the people they cared for, their needs and how these should be met.

We found arrangements were in place to deal with foreseeable emergencies. The provider had contingency plans in place in order to maintain business continuity. This included a senior member of staff being on-call at all times for advice and support. This meant the provider ensured the needs of people would continue to be met before, during and after an emergency.

People should get safe and coordinated care when they move between different services

Our judgement

The provider was meeting this standard.

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment.

Reasons for our judgement

We found staff worked in co-operation with a number of different partners to protect and promote the health, welfare and safety of people who used the service. We found there was a strong ethos of on-going interagency and multi professional partnerships.

The staff we spoke with were able to describe in detail how these worked, and were able to demonstrate with examples how effective partnerships had helped to improve people's experiences. For example, they told us about the process for referrals to the agency and how they ensured they got pre-admission information from a wide range of professionals such as, occupational therapists, physiotherapists, care managers, and mental health experts to ensure they had a good understanding of the person's needs. This assisted the staff in planning and delivering care in a way that protected people's safety and welfare.

We saw evidence within care files that other professionals were consulted. For example, this included a person's GP and specialist health services such as reports and advice from hospital consultants. We saw for each person with very complex needs, the provider had obtained a medical history from their GP and other health care professionals. This meant they had access to information to help them meet the person's wider health care needs.

Staff told us all people who used the service understood and were involved in making decisions about their treatment and support needs. This was confirmed when we spoke with six people who used the service.

We saw the service had access to a number of different contact details for other agencies and organisations who were involved in the care and treatment of people who used the service. This included care managers and all health care professional involved with people's care.

Staff also knew how to contact the Durham County Council safeguarding team and out of hours / urgent care services. This meant staff would be able to contact other providers of health or social care quickly when required, to ensure people's needs were met. All of these measures ensured the provider promoted people's health, safety and welfare because they worked closely and in co-operation with others.

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

We looked at three staff recruitment files in detail. We saw that each of these had a full record of the recruitment process. We saw potential staff had completed a job application form where they were asked about their previous employment history and the reasons for any gaps in their employment. This meant the provider could see what experience applicants had before their interview.

We saw an interview was held with each person. The provider maintained a record of the interview. We saw people were asked questions relevant to their specific role. This ensured the provider made sure people had the right skills and knowledge and were physically and mentally fit before they were offered a job at Kelly Park.

We saw in all three staff files the provider had sought two references for each person employed and made sure one of these was from the last place the person had worked. We also saw the provider had obtained a disclosure and barring check for each person working at the agency. They also checked to make sure the person's name was not on the Independent Safeguard Authority list. (This was a list of people banned from working with vulnerable adults). This meant people who used services were protected by people of good character employed by the provider.

We spoke with two staff, who had a good understanding of their roles and responsibilities.

We found all elements of recruitment were accurately recorded and the required documentation was always received prior to the employee starting work. All these measures ensured the provider had a robust recruitment procedure in place to protect the people who used the service.

People should have their complaints listened to and acted on properly

Our judgement

The provider was not meeting this standard.

Comments and complaints people made were not responded to appropriately.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

People were not given support by the provider to make a comment or complaint where they needed assistance. People's comments and complaints were not fully listened to and acted on.

We spoke with the manager and the deputy manager about the complaints process. They talked us through the complaints process and how as a provider they ensured they learned from complaints and other feedback from people who used the service. They told us people who used the service were given a copy of the complaints procedures and these were also available in the providers service users guide.

We then looked in detail at the records of comments and complaints received over the last year. However the records we looked at were not in any chronological order. We could find the records of the concerns and complaints received, but very few showed us what the provider had done as a result of these, any actions taken or the responses provided to the complainants.

We found one complaint had been investigated by County Durham's Commissioning Services Manager. Of the eight areas of concerns investigated, seven were upheld. The file contained no provider's response or action plan relating to any of these. When we discussed this with the registered manager, she told us they were in the process of sorting out the complaints file into three locality areas. She said they were aware that the current recording system for receiving, handling, and responding appropriately to complaints and comments made by people who used the service, or persons acting on their behalf was not adequate. She said in addition to the complaints file, other important information regarding responses, action plans, concerns and complaints were held on the provider's private database that she did not have access too. She told us she would discuss this with the provider and redress this within the next week.

All of these measures meant people did not have their comments and complaints listened to and acted on, fully investigated or resolved, where possible, to their satisfaction.

This section is primarily information for the provider

✕ Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA 2008 (Regulated Activities) Regulations 2010 Complaints How the regulation was not being met: Regulation 19 of the Health and Social Care Act 2008 (Regulated Actives) Regulation 2010. People were not given support by the provider to make a comment or complaint where they needed assistance. People's comments and complaints were not fully listened to and acted on. Regulation 19 (2) (b and c).

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 13 February 2014.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

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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