

Review of compliance

Kelly Park Caring Agency Limited
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Region:	North East
Location address:	Suite 54, Derwentside Business Centre Consett Business Park Consett Co Durham DH8 6BN
Type of service:	Domiciliary care service
Date of Publication:	September 2011
Overview of the service:	Kelly Park Caring Agency provides personal care and support for people living in their own homes in County Durham, Gateshead and Newcastle. The agency provides packages of care designed to meet individual circumstances.

Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Kelly Park Caring Agency Limited was not meeting one or more essential standards. Improvements are needed.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, looked at records of people who use services, talked to staff and talked to people who use services.

What people told us

Everyone we spoke with made positive comments such as "very pleased, the care is excellent", "I am delighted with the support that I receive, my main carer is exceptional" and "I am very satisfied with the care and support my relative receives from this agency, and some of the carers are superb and very knowledgeable".

One person said that they felt fully in control of their care package, and said, "I have a team of regular staff who know my needs very well. It works really well because I choose who does what."

Everyone said that staff were punctual, and that they had never failed to receive their service. One person told us, "They're always on time."

What we found about the standards we reviewed and how well Kelly Park Caring Agency Limited was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Service users were supported to make decisions about their lives and were involved in the care, treatment and support that they received.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

Care plans were not fully person centred or written in the first hand, however the planning and delivery of care met people's individual needs and ensured that their welfare and safety was protected.

Outcome 05: Food and drink should meet people's individual dietary needs

People were supported to receive adequate nutrition and hydration, and were provided with choices of food and drink that promoted their health and diverse needs.

Outcome 12: People should be cared for by staff who are properly qualified and able to do their job

Not all staff training records reflected the training they had received. The majority of staff training records had not been updated, and therefore there was no documented evidence that staff had received the learning and development opportunities that they needed to carry out their role and keep their skills up to date.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Induction training was undertaken when staff started their job and was completed before they work unsupervised. Not all staff were properly supervised and appraised on a regular basis.

Actions we have asked the service to take

We have asked the provider to send us a report within 28 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. Any regulatory decision that CQC takes is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

In discussions with people who used the service, they said that they were always treated with dignity and respect by the agency and by care staff.

Other evidence

We asked the acting manager to tell us about the process that they followed when people were initially referred to the service. The acting manager told us that following the initial enquiry to Kelly Park Caring Agency the potential service user was visited at home by the primary response team to discuss in detail their individual care/support plan prior to any agreement being made. If a person did not have the mental capacity to make decisions, the plan would be drawn up with family, friends, advocate, or relevant professionals.

A member of the primary response team was able to describe and demonstrate how this process worked. The assessment format that she showed us was detailed, and described each persons support needs, and how carers would meet the identified needs of the person.

We saw from the electronic care records held that people had been fully included in decisions about their own care and what was important to them. We also saw that care records promoted and supported people's dignity, and that their decisions and choices about how they wanted their care service to be provided were respected.

Each person had been given a service user guide (this is an information booklet about the service) that clearly explained the services available to them. The service user guide also included the provider's recognition of people's rights, such as choice, privacy, independence, respect and recognising individuality.

In discussions with people who used the service, they said that they were always treated with dignity and respect by the agency and by care staff.

Our judgement

Service users were supported to make decisions about their lives and were involved in the care, treatment and support that they received.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

There are minor concerns with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

All of the people we spoke with said that carers always arrived on time to support them and that the agency would always let them know in advance if a different carer was going to call. One person said, " They're always on time, the carers are very knowledgeable, caring, always polite and respectful. I think the support they give to my relative is superb".

People said that they were confident that they could rely on the agency to provide them with the care they needed.

Other evidence

The provider told us that the care support plans were the essential tool to ensure they placed the needs, wishes, preferences and decisions of the service user at the centre of their assessment, planning and delivery of their support plans. The plans respected peoples rights to take informed risks while remaining safe and promoting privacy, dignity and independence.

We looked at care records that showed a comprehensive care needs assessment was carried out by the response team or another senior member of staff and that care plans were designed with the input of the person, or their representative. We saw from the electronic records that the assesments and care plans were put into place before the service was provided.

The care plan style was not always person-centred. The plans were not written in the first person and had limited detail about how people wanted to be supported.

We saw that the electronic care planning reporting system could be updated or reviewed within minutes, and information was then relayed immediately to support workers mobile handset informing them of those changes.

The people who took part in discussions with us told us that they had their own copy of their care plans so they could refer to them at anytime.

We saw that a weekly electronic programme of care was designed around the times, days and support tasks that each person needed. Some people received several visits a day, others received two or three visits each week from the agency, this support enabled people to live an independent lifestyle within their own homes.

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People said that they were confident that they could rely on the agency to provide them with the care they needed.

The agency had a very efficient electronic system in place that monitored each visit to each persons home. The system monitored the time of arrival of the carers and their departure time. It also recorded the support tasks that each person had received.

We checked some of the arrival and departure times for one person. We found that some carers were not always there for the time allocated, for example, this person was allocated 30 minutes twice daily. The records showed that on several occasions over a two month period, the carer was there for between 16 minutes and 25 minutes. The manager said that she would monitor visiting times more closely, and if necessary address this with the individual carers concerned.

Our judgement

Care plans were not fully person centred or written in the first hand, however the planning and delivery of care met people's individual needs and ensured that their welfare and safety was protected.

Outcome 05: Meeting nutritional needs

What the outcome says

This is what people who use services should expect.

People who use services:

* Are supported to have adequate nutrition and hydration.

What we found

Our judgement

The provider is compliant with Outcome 05: Meeting nutritional needs

Our findings

What people who use the service experienced and told us

One person said, "They know what I like, and how I like it cooked."

Other evidence

The agency supported people by helping them to eat, advising on nutrition, and cooking meals. Individual's needs were set out in a plan of care for staff to follow.

The care plan format that we saw included details of people's likes and dislikes and how they preferred their meals to be prepared.

Some of the electronic care plans still needed to be updated to show what people's preferences were.

In discussions with people they confirmed that the staff listened to what they wanted. One person said, "They know what I like, and how I like it cooked."

If people did require support with meals, carers used daily records to show whether people were eating their meals or not. If they became concerned about a person's dietary intake the agency would use food intake charts to check whether people needed extra encouragement, support or supplements to increase their intake.

New staff received training in food hygiene as part of their induction training programme before they started working on their own, and thereafter at regular intervals.

Our judgement

People were supported to receive adequate nutrition and hydration, and were provided with choices of food and drink that promoted their health and diverse needs.

Outcome 12: Requirements relating to workers

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by staff who are fit, appropriately qualified and are physically and mentally able to do their job.

What we found

Our judgement

There are moderate concerns with Outcome 12: Requirements relating to workers

Our findings

What people who use the service experienced and told us

No service users were spoken to regarding this outcome.

Other evidence

We looked at the ongoing training records for staff, it was apparent that individual training records had not been kept up to date. We were told that a new IT system had recently been introduced, and information from the old system had not been fully transferred across to the new system. We then looked at a selection of training records using the old IT system; again we saw that not all training delivered/received by staff had been recorded. We saw lots of training certificates that were waiting to be entered onto the new system. One response worker confirmed that there were lots of opportunities for training, she had recently completed end of life training, and NVQ level 3 training.

The acting manager said that she would undertake an audit of all staff training records and make sure that each persons training matrix would accurately reflect all the training that they had received.

Our judgement

Not all staff training records reflected the training they had received. The majority of staff training records had not been updated, and therefore there was no documented evidence that staff had received the learning and development opportunities that they needed to carry out their role and keep their skills up to date.

Outcome 14: Supporting staff

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

There are moderate concerns with Outcome 14: Supporting staff

Our findings

What people who use the service experienced and told us

No service users were spoken to regarding this outcome.

Other evidence

We saw evidence in individual training records that each new member of staff received a comprehensive induction training programme before they began to work. The induction training included moving and handling, first aid, food hygiene, administering medication, and common care standards. Practical training was also incorporated into the induction programme. The Agency had a training area that was fully equipped with aids and adaptations, for example, there was a very realistic mannequin for new staff to practice catheter care; peg feeding, first aid, moving and handling and resuscitation techniques. Other equipment included an adjustable hospital bed, bed rails, hoist and slings, slide boards, zimmer frame and various types of protective equipment. New staff then shadowed experienced staff until they were confident and competent to carry out their own visits.

Additional training was also available by an external training agency, this included: equality and diversity, human rights, gender recognition, disability discrimination act, mental capacity act, valuing people, and protection from harassment. Staff also had access to National Vocational Qualifications (NVQ).

The agency had signed up with Apprenticeship Framework for Health and Social Care (England). The scheme covers key skills and in all areas of health and social care.

The agency's policy was that an appraisal of each new member of staff was carried out after 12 weeks. During the appraisal, and at future supervision sessions, the staff member and their supervisor would be expected to discuss their personal development needs for example, any further training needs. However, staff supervisions had lapsed. The acting manager told us that this was partly due to teething problems in the merger of Kelly Park and another care agency that took place earlier in the year. She said that she would endeavour to bring these back on track.

Staff that we spoke with felt that Kelly Park Caring Agency was a good company to work for. Staff said, "It's a very considerate company to work for."

Our judgement

Induction training was undertaken when staff started their job and was completed before they work unsupervised. Not all staff were properly supervised and appraised on a regular basis.

Action we have asked the provider to take

Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

Regulated activity	Regulation	Outcome
Personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	Why we have concerns: Care plans were not person centred.	

The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

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 within 28 days of this report being received.

CQC should be informed in writing when these improvement actions are complete.

Compliance actions

The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

Regulated activity	Regulation	Outcome
Personal care	Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 12: Requirements relating to workers
	How the regulation is not being met: There was little evidence that staff had received ongoing training following their induction training, this was because training records had not been kept up to date.	
Personal care	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 14: Supporting staff
	How the regulation is not being met: Staff were not receiving regular supervision and support to enable them to provide care and treatment appropriately to people who use services.	

The provider must send CQC a report that says what action they are going to take to achieve compliance with these essential standards.

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 within 14 days of this report being received.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

CQC should be informed in writing when these compliance actions are complete.

What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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