

***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:

Respecting and involving people who use services ✓ Met this standard

Care and welfare of people who use services ✓ Met this standard

Safeguarding people who use services from abuse ✓ Met this standard

Requirements relating to workers ✓ Met this standard

Supporting workers ✓ Met this standard

Assessing and monitoring the quality of service provision ✓ Met this standard

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

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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 15 January 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with staff.

We looked at 12 service user questionnaires

What people told us and what we found

The arrangements for supporting people to make decisions about their daily lives and preferences were recorded in their care plans. Each person was supported to take appropriate risks to promote as much independence as possible.

The relationships between staff and the people who they supported in the community were good and personal support was provided in a way that promoted and protected their privacy and dignity. This was confirmed when we spoke with two people who used the service and another persons relative.

Suitable arrangements were in place for handling complaints and for protecting people from abuse. There was a competent staff team who had the training, skills and experience to meet the specific conditions of the people who they supported.

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 privacy, dignity and independence were respected.

Reasons for our judgement

People expressed their views and were involved in making decisions about their care and treatment.

We saw the agency had a service user guide which provided people with lots of information about the service. It included information about the aims and objectives of the agency, the range of services provided the complaints policy and the rights of the people using the service. The manager or a senior carer also visited each person before any care was provided to talk about the care and support services they could provide. This meant people were able to find out about the service before deciding if this was the right agency for them.

We saw some of the completed service user surveys, of the 15 we looked at, 14 people said they usually had the same team of staff. Comments included "My carer has come for some time now, I am very happy with her and what she does." A relative said "The staff listen to us, and I can go out and feel at ease knowing my relative is in good hands".

We looked at people's plans of care and we could see these had been written in an individual and person centred way for each person. They included information on how to care for peoples' individual needs and also details about their preferences and interests. We saw that people or their representative had signed their care plans.

We spoke with three support staff, they were very knowledgeable about people and were able to explain, with examples, about how they promoted people's independence and choice. We asked them how they made sure people they supported were treated with dignity and respect. The staff said they always referred to the care plans and followed people's preferred routines and choices. All staff said they used the term of address preferred by the people who used the service. The staff confirmed that during their induction training they had been instructed on how to treat people with respect at all times.

All of these measures showed people were treated with respect and involved in making decisions about their care, this was because people's views and experiences were taken

into account in the way the service was provided and delivered in relation to their care.

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

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

We saw from the service user questionnaires, people were able to decide themselves about the care they needed and how they wanted the care worker to support them. One person said "the care is very good, my main carer is worth her weight in gold as are the others." another said "they support me very well." and another said "it's very good, my circumstances have greatly improved and I have a dedicated carer."

We spoke with one relative they said "The care my daughter receives is exceptional, the carers are so kind and have a good understanding of my daughters condition. The carers are a great comfort to me and my family."

We looked at four care records in detail. The needs assessments, provision plans and daily notes guided staff in how to support each individual in their preferred way. We saw people had been involved in day to day decisions about their care. We also saw care plans were compiled with people who used the service and their families, and they had signed to confirm this.

We saw risk assessments had been completed for each activity people needed support with. We saw once risks had been identified, interventions were in place to reduce the risk and these had been recorded. These measures showed risks were identified and managed to promote people's health and social care needs.

The support plans also included a section 'Background Information'. This was written with people and their families to build up a detailed picture of their life. It included people's likes and dislikes, social interests and family details. In this way staff were aware of people's needs and choices and could help to meet them.

When we talked to staff we found they had a good understanding of people's histories, needs and preferences.

All of these measures demonstrated how the provider met people's health and welfare needs.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

We saw the provider had a safeguarding policy and procedure in place. These were kept in the office and were easy for staff to find if they needed to refer to them. Information about safeguarding was also available in the staff hand books that all staff had a copy of. This meant staff had easy access to guidance on what to do if they had concerns about a person's wellbeing.

We spoke with three support staff who worked for the agency; they were all familiar with safeguarding procedures and aware of what constituted abuse. The staff described clearly what action they would take in the event of a safeguarding matter coming to their attention. They were also clear about their roles and responsibilities in this area. The staff all told us that they had completed training about safeguarding adults and we saw this in their training records. In these ways we saw how people who used the service benefitted from staff who knew how to report and respond to suspected abuse.

Requirements relating to workers

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

There were effective recruitment and selection processes in place.

We looked at three staff recruitment files in detail. In each we saw people 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. They were also asked to complete a health questionnaire. In this way the provider made sure people had the right skills and knowledge and were physically and mentally fit before they were offered a job at the agency.

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 an Enhanced criminal records bureau check for each person working at the agency as well as 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 three support staff. All had a good understanding of their roles and responsibilities and they confirmed they were provided with accurate job descriptions and specifications.

When we spoke with three people who used the service, they reported all their support staff were skilled in their role and their needs were met.

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 agency had robust recruitment procedure in place to protect the people who used the service.

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

We spoke with three members of the support staff and the manager. Everyone told us training was on-going. We looked at staff training records which confirmed staff had completed a range of training. This included training about risk assessments, report writing, challenging behaviour, epilepsy, non-violent crisis intervention, dementia awareness, dignity, respect, equality, deprivation of liberty safeguards and the Mental Capacity Act.

We also saw staff had annual refresher training in health and safety issues, for example, moving and handling and food hygiene and medication. This meant the service enabled staff to take part in training which was relevant and appropriate to their roles, so they could carry out their roles effectively.

Staff told us they had regular meetings with a senior member of staff. They included looking at the staff member's performance, any problems they had as well as achievements and training needs. The staff we spoke with said they felt supported by the manager and could speak with her at any time for support if they needed to. All of these measures meant staff were adequately supported which contributed to meeting the care and welfare needs of the people in their 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 receive.

Reasons for our judgement

People who used the service, their representatives were asked for their views about their care and treatment and they were acted on.

During our inspection, we looked at the quality monitoring systems the provider had in place.

The service used a range of audit tools to monitor and assess people's wellbeing. It included looking at measures of people's physical, psychological and social wellbeing. These were used to evaluate and monitor each person's progress and to help identify where further support may be appropriate. When we spoke to a senior support worker, she told us she carried out regular spot checks in people's homes to ensure they were receiving the right kind of care and support that was best for them.

The provider also sent out questionnaires to the families, and people's representatives. This was used to find out what they thought about the quality of care given to people. We saw a sample of nine that had been returned which showed all people were happy with the quality of care given to people who used the service. We also saw a further six questionnaires from people who used the service. All said they were satisfied with the care and support they received. One person said "They (the staff) are all lovely and they are always on time." Another said "Nothing is any trouble and I always have the same carer which is good."

We saw evidence which demonstrated each person had a full risk assessment completed. This meant risks relating to the health, welfare and safety of people using the services were being monitored.

The manager told us people and relatives' review meetings were held to encourage people to comment about their individual care and support needs and make suggestions about improvements to the service. This was confirmed by the records we looked at.

All of these measures showed there were good systems in place to make sure a quality service was provided.

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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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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