

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

Ivory Homecare

First Floor Offices, Elvetham Heath Community
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Tel: 01252612849

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We inspected the following standards as part of a routine inspection. This is what we found:

Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Staffing	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Ivory Home Care
Overview of the service	<p>Ivory Care Domiciliary Care Agency is registered to provide domiciliary service to people, by offering personal care and support to a wide range of people. The main role of the agency care workers is to enable people to be independent in their own homes.</p> <p>The service operates from offices based in Elvetham Heath, Fleet, Hampshire.</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

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 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 25 February 2014, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

During our visit we were able to speak with people and review records.

Policies and procedures were in place to ensure care and support was delivered to people in line with their needs and wishes. Each case had been assessed appropriately by a suitably qualified person prior to people receiving care.

Care plans were kept under regular review and risks to people's safety were assessed. Plans to reduce and monitor risks to both people using the service and staff were recorded.

People were protected from the risk of abuse or harm by there being safeguarding policies and procedures in place and by staff knowing how and when to use them.

We saw there was a caring and experienced staff team who were well supported and trained to carry out their duties safely and effectively.

Records we reviewed showed us there were processes in place for the monitoring and recording of complaints. We saw that complaints were recorded in detail and dealt with in a timely and appropriate manner. There had been no complaints since the last inspection

People were positive about the manager and staff team and said they were kind and supportive. One person told us; "The staff are all so lovely, I couldn't ask for anything more" and another person said; "I really look forward to them coming, we chat about all sorts of things, they make my day".

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

Care and welfare of people who use services

✓ Met this standard

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

We reviewed eight care plans and saw they were based on an individual's needs assessment and reflected personal preferences. We saw that people's needs and wishes had been assessed by a suitably qualified person and that people had signed an agreement to their care plan.

Care plans were thorough and detailed and contained medical, personal, physical and social information such as medication, mobility, likes and dislikes, nutrition, hobbies and personal care requirements. The manager told us copies of the care plans were kept at each location so that members of staff were able to access information about the person they supported. Communication logs were included in the care plans so that staff could leave each other messages and record care given during each visit. Members of staff we spoke with explained to us they also communicated verbally with each other during a shift hand over or by mobile telephone. This meant that people were supported by a staff team who were kept up to date and well informed about people's needs and wishes.

We saw that care and support was planned and delivered in a way that was intended to ensure people's safety and welfare. Individual risk assessments were detailed and thorough and had been completed in each care plan we reviewed. Risk assessments covered areas such as equipment, nutrition, medication, hazards and the environment.

We saw that care plans were reviewed as part of an ongoing process or as necessary and that the review was carried out by a suitably qualified member of staff.

From the review of records and from talking with people we were able to identify that care and support being delivered matched the programme of care as described in the care plan. For example; one person we spoke with told us how staff had helped them with their shower that morning and another person told us how staff had prepared their lunch for them. Both activities were clearly recorded for that day on each person's care plan.

We were shown a copy of the information pack kept at each location for people to refer to. The pack contained useful contact numbers, a copy of the service agreement, code of conduct, quality assurance measures, statement of rights, report book, how to make a complaint, whistle blowing and safeguarding information. This demonstrated to us the agency provided people with appropriate information in an open and transparent manner and followed best practice protocols.

We reviewed staff training files and spoke with members of the staff team and found staff to be experienced and suitably qualified to carry out their duties. We spoke with the staff training officer who was able to show us staff training needs and requests were up to date and kept under regular review. This meant that people were supported by a staff team who were appropriately trained and able to provide safe and effective care and support.

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 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.

From looking at records and speaking with people we saw that people were protected from the risk of abuse.

We asked six members of staff if they had received safeguarding training and they confirmed they had. Records we reviewed showed us that members of staff received safeguarding training during their induction and that it was updated regularly.

Staff we spoke with were able to identify different types of abuse and knew the correct procedures to follow if they had any concerns. Staff told us they would report any concerns to the manager immediately.

We asked the manager if people had access to information regarding the safeguarding process and they told us each person had the information in their information packs kept at each location. The manager showed us copies of the files and we found they contained appropriate safeguarding information. We asked people if they knew what to do if they had any concerns about their safety and well being. One person told us; "Yes, I know what to do it's in my folder" and another person said; "Oh yes, I know what to do, I would tell my carer, but I don't have any concerns".

We saw there were copies of the local multi-agency policies and procedures dated October 2013 kept in the office for staff to refer to. Records we looked at showed us the policies were reviewed annually. This meant that staff had access to information that was up to date and kept under regular review.

Records we reviewed showed us that new members of staff underwent rigorous pre-employment checks that included gaining appropriate references and criminal record checks. This meant that people were cared for by a staff team who had undergone a

thorough selection process and had been deemed safe to practice.

People we spoke with told us they felt "Quite happy" and "Very safe" with the care and support they received.

Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

From looking at staff rotas and talking with members of the staff team we saw there were sufficient staffing levels to meet the needs of people they supported. At the time of our inspection there were twenty one members of staff to support eighty five people.

The manager told us staffing levels were based upon the dependency levels of people they supported and the results of a thorough risk assessment. For example; one person they supported had recently undergone a hip operation so staff now visited in pairs to assist with manual handling and mobility. This showed us the service was pro-active in adjusting staffing levels to meet the needs of people they supported.

We asked members of staff how shifts were covered in the event of sickness or unforeseen circumstances. We were told they covered such events with their own staff members from other areas. Agency staff were not used. This meant that people received continuity of care from staff who knew their needs and wishes.

From looking at records and speaking with members of staff we saw that staff were well trained and competent to carry out their duties safely and effectively.

Staff we spoke with told us they were aware of the lone working policy. Records we reviewed showed us the policy was up to date and kept under regular review. We saw staff had signed to say they had read and understood the policy.

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

Records we reviewed showed us there was an appropriate system in place for the monitoring, handling, reporting and recording of complaints.

Complaints were dealt with in a timely manner and a letter of response was sent to the complainant detailing the outcomes and actions taken.

Copies of the complaints procedure and relevant leaflets including advocacy services, were freely available and clearly displayed on the notice board in the office, in the training room, in people's information packs and in their care plans. This demonstrated to us the agency was promoting a culture of openness and accountability and following best practice protocols.

We looked at the complaints log and saw there had been no complaints since the last inspection in October 2012. The manager told us this was because any problems or issues raised were dealt with immediately. This showed us that on the whole, people were happy with the service they received.

Policies and procedures were available to people and were dated February 2014. Records we looked at showed us the policies were reviewed annually. This meant that staff and people had access to information that was kept up to date and under regular review.

We spoke to people who used the service and they told us they knew how to complain. One person said; "Oh yes, I know how to complain" and another person told us; "I know what to do, but can't think of a single thing to complain about".

Records we reviewed showed us that complaints had been handled by members of staff who were qualified and competent to do so. We saw that where a complaint had been made it had been listened to and acted upon in a timely manner.

Analysis of audit criteria was used to identify areas of learning and carried out as an ongoing process of service maintenance and improvement. The manager showed us a section of the complaints log that followed reflective practice procedures and was used to identify learning opportunities. This meant that issues raised were dealt with in a positive

manner and used to enhance the standard of service delivery.

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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