

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

## Montecare Solutions Limited

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Tel: 01255223030

Date of Inspection: 26 June 2013

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

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Staffing</b>	✓ Met this standard
<b>Supporting workers</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	Montecare Solutions Limited
Registered Manager	Mrs. Sandra Freeman
Overview of the service	Montecare Solutions Limited is a domiciliary care agency that provides personal care and domestic support to older people and younger adults, who may have a mental health need in their own homes. The agency is privately owned and has two locations in Clacton and Harwich, Essex. The regulated activity personal care may be provided by Montecare Solutions Limited
Type of service	Domiciliary care service
Regulated activity	Personal care

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## Summary of this inspection

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 26 June 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 people who use the service, talked with carers and / or family members, talked with staff and reviewed information given to us by the provider.

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### What people told us and what we found

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The people who used Montecare were very happy with their care and support. They spoke highly of the staff and said they were kind and caring, usually punctual, friendly, courteous and respectful. People felt involved in their care arrangements and knew who to call if they needed to speak to someone. They felt safe with the staff and had no complaints about the service. One person said: "If you call them they will always sort out if you need anything. I find them very helpful and kind."

Staff told us that Montecare was a good company to work for. The management was flexible and approachable and we saw that good opportunities for training were provided.

At the time of our inspection on 26 June 2013, we saw that monitoring systems for involving and caring for people and managing the service were in place.

We noted that there were processes in place for the reporting of safeguarding incidents and that these procedures were followed.

Effective staff support systems including supervision and annual appraisals were in place.

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

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://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

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### Our judgement

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The provider was meeting this standard.

People's privacy, dignity and independence were respected. Their views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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### Reasons for our judgement

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The manager told us that people who used the service and usually a family member were involved in discussions about their care and support. This included the initial assessment of people's needs that followed a referral from social services or a self referral from a member of the public. The manager or a co-ordinator completed a risk assessment of the person's needs. They discussed the arrangements as to when and how care and support would be required, provided information about the services the agency offered and its terms and conditions.

The manager also told us that privacy, dignity and independence were covered as part of the induction programme and regular in house training in these core subject areas was completed. We saw copies of the staff induction which confirmed this. Staff were trained to respect people's dignity. We saw that people's preferred forms of address were documented in their care notes.

We spoke with staff who provided us with some good examples of how they promoted privacy and dignity, for example by always checking with the people who used the service how they would like a particular task to be carried out. Good knowledge of people's routines by staff was something appreciated both by the people who received care and their relatives.

Follow up visits were undertaken to people who used the service to review and update their care plans with them. We saw records which showed that people had been involved and were able to express their views and made decisions about their care arrangements. One person said: "It is the best agency I have used."

The daily care notes which were written by the staff showed how a person's independence was encouraged and maintained and their dignity respected. These notes were written in an appropriate way.

Staff told us that the people who used the service were involved on a day to day basis in their care, for example choosing what they wanted for their meals or changing some of the tasks they wanted done that day. People who used the service told us that they were involved in making decisions about what times they wanted help and felt respected and listened to by the staff that came to their home.

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

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**Our judgement**

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The provider was meeting this standard.

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

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**Reasons for our judgement**

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We looked at the care plans of four people who used the service. These contained clear and up to date information about the person's care and support needs. An assessment of need had been completed which detailed the person's medical, physical and mental health and wellbeing; the daily tasks agreed and preferred times of visits. All relevant details about access to people's homes and the support offered by family and friends were recorded. When we checked care plans, we compared them with the latest assessments and noted that all assessed needs were appropriately addressed and instructed carers how to carry out each recorded task.

The risk assessments we saw were detailed and provided clear information about the risks involved in assisting people to move and transfer and the use of moving and handling equipment. This ensured that people were assisted in a safe way. One person said: "I can't help my relative so they are a great help. I have had no real problems with the carers I have and they do listen when you want things done a different way."

We saw that care plans and risk assessments were reviewed formally three to six monthly or as people's needs changed. The manager told us that copies of the updated care plan and risk assessment were put on the person's file in their home so that staff were aware of the changes to their care and could act upon them as identified.

People spoken with confirmed that they were consulted during care planning and that their views were taken into account when care plans were written. All of the care plans we checked were up to date. One person said: "If you call them they will always sort out if you need anything. I find them very helpful and kind."

Daily care notes were kept at the person's home. Staff recorded details about the person's day, the care and support they had received and highlighted any significant changes so that staff were alerted to any new arrangements.

People's assessed needs were met. It was evident from what people told us and the records we saw that care was delivered in a way that ensured people's health and wellbeing. Daily records that we checked in folders confirmed that staff completed their

tasks and appropriately recorded events, showing that people received the care they expected.

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

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### **Our judgement**

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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.

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### **Reasons for our judgement**

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We spoke with people who used the service but their feedback did not relate to this standard.

The provider had policies and procedures in place to guide staff on adult protection and their responsibilities around keeping people safe, including policies about complaints and whistle blowing.

During our inspection, the manager and staff were able to show us that they had a good awareness of what constituted abuse or poor practice and demonstrated that they knew what to do if they saw or suspected abuse.

Staff knew the processes for making safeguarding referrals to the local authority. These processes ensured that staff had the skills and knowledge to support people safely.

## Staffing

✓ Met this standard

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

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### Our judgement

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The provider was meeting this standard.

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

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### Reasons for our judgement

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We were told how staffing levels were determined across the service which would ensure people's needs were met and how people's levels of independence were taken into consideration. We were told the service had ongoing recruitment of staff to accommodate a growing service.

We looked at current staff rotas and the levels of staffing across the service. We saw there were sufficient numbers of appropriate staff rostered on duty. Staff told us they felt supported by the service. One member of staff told us: "I'm very happy with my job and shifts and if I have any problems I call and tell them or speak to the manager."

One person who used the service told us: "We have our regular carer and sometimes we get others but they are all generally ok." Another person told us: "The office calls us if anyone is delayed or late, it has not happened a lot at all but it does not upset our usual daily routine."

The evidence we gathered showed that people were cared for and supported by adequate numbers of qualified, skilled and experienced staff.

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

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## **Our judgement**

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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.

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## **Reasons for our judgement**

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Staff received supervision and observations of practice, on a two to three monthly basis, provided by the manager and the co-ordinator, and evidence of supervision sessions was seen in staff files that we reviewed. Regular staff meetings on a weekly basis were also being held so that staff had the opportunity to discuss topics and raise issues.

The provider ensured that staff had received an induction prior to providing care and support. There were records in staff files to evidence that regular training, covering all of the services core subject topics, were in place. Examples included health & safety, fire safety, medication, moving & handling, food hygiene, safeguarding and infection control.

Additional training had been provided to ensure that staff had the required skills to safely assist with individual care needs. This included training about how to assist a person with dementia, diabetes or those who had suffered a stroke and the use of specialist equipment.

Training was monitored by the service via appraisal and supervision of staff. A new computer system is currently being installed in the service and this would also flag up any due dates for updates on courses. This ensured that all staff would be booked on refresher courses throughout the year to ensure safe practice.

## 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

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

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### Reasons for our judgement

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The manager told us that regular visits and calls were made to people who used the service to discuss and monitor the quality of care and support that was being provided. Regular monthly 'spot checks' were made by the management team either in person or via telephone contact, to monitor people's care needs and observe the staff's care practice, conduct and adherence to the care plan.

Surveys had been sent out to people who used the service and their families to gauge opinions and identify how improvements could be made. The manager told us that the surveys were analysed to identify areas for improvement and development.

People we spoke with felt that they were kept up to date with any changes to care and support and also confirmed that any issues or concerns they raised were dealt with in a professional and timely manner by the agency's management.

All risk assessments seen in files were up to date. All potential risks were addressed. For example in the event of bad weather staff who were closer were called upon. This ensured there were no missed calls.

Complaints and concerns were found to be addressed in the same way to ensure that people's views were listened to and acted on appropriately. We saw that complaints received by the service had been appropriately handled and recorded with the outcome sent to the complainant.

The complaints procedure was clearly set out in the service user's guide which ensured that people had up to date information on the current guidance about how the service progressed and handled complaints.

## 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.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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