

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

Origin Recruitment Limited

Cameron House, White Cross Industrial Estate,
South Road, Lancaster, LA1 4XQ

Tel: 0152434100

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

Consent to care and treatment	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Meeting nutritional needs	✓	Met this standard
Safety and suitability of premises	✓	Met this standard
Requirements relating to workers	✓	Met this standard
Complaints	✓	Met this standard

Details about this location

Registered Provider	Origin Recruitment Limited
Registered Manager	Miss Lorraine Rolfe
Overview of the service	<p>Origin Recruitment Ltd provides 24-hour live-in care for people with spinal injuries. Services are specifically designed for those people with a spinal injury, and undertaken by staff who have had specialist training. People who use the service are not ill, but they are disabled, and the carer's role is to make independent living a reality by working with the service user to overcome the obstacles of day-to-day life. The service operates nationally in the United Kingdom and Eire.</p>
Type of services	<p>Domiciliary care service Extra Care housing services Supported living service</p>
Regulated activity	Personal care

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 17 January 2013, talked with people who use the service and talked with carers and / or family members. We talked with staff.

What people told us and what we found

We spoke with two people who used the service. They told us, "I am very satisfied with the service. I tell them what I want and they provide it" and "I have used Origin for many years and I am very satisfied with the service".

People who used the service made the decisions on what care they needed and required.

Plans of care were developed with people who used the service and in some examples we saw they wrote the care plan.

People could contact the head office whenever they felt it was necessary and voice their concerns if they had any. At the time of the inspection the two people we spoke with did not have any concerns.

There was a thorough recruitment procedure to provide people who used the service with a suitable staff member.

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

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

People who used the service were involved in deciding the level of care they required. Two people who used the service said they sat with staff to decide what they needed. One person told us, "We come to an agreement about what I need and this follows my normal routine. I wrote my care plan". The aim of the service is to provide care staff (called personal assistants) for people with spinal injuries in a supporting sense. People had mental capacity and therefore made their wishes known.

There were policies and procedures for staff to follow for the Mental Capacity Act 2008. Senior staff were aware of their responsibilities to act in a person's best interests should a person who used the service deteriorate and not be able to make their wishes known.

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 who used the service completed an assessment form which determined the level of support they required. The form covered all aspects of health and social needs. People were also given an information pack. This informed people who used the service of the costs involved, the role of the personal assistant, the accredited spinal injury training and the terms and conditions of the service. This meant people were fully aware of the care they could expect to receive.

We spoke with two people who used the service and both said they were responsible for deciding on the level of care they needed. One person said, "I tell them what I want rather than the service telling me what I need". They said they discussed their support with staff on a regular basis. Staff are called personal assistants and provide support in day to day living as well as any care required. We looked at three plans of care at this inspection. Plans of care reflected what each person needed and were updated when required. They were comprehensive and gave staff the knowledge to meet each person's needs. People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

There were risk assessments for individual needs, such as for people's mobility and environmental assessments to ensure staff worked safely. Risk assessments were not restrictive and allowed people who used the service to live their preferred lifestyles.

People who used the service said they were satisfied with their personal assistants. Personal assistants tended to be regular and therefore knew what was required of them. Staff were trained in subjects that reflected the care they gave. Spinal injury training was given to all staff prior to working with service users.

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

People who used the service lived in their own homes and staff helped prepare and cook meals. We spoke to two people who used the service who said, "I tell staff what I want to eat and we generally prepare a meal together" and "I tend to plan about a week ahead with our meals. They make whatever I want but we decide on the meals we like. Occasionally I may have to think about the personal assistants needs if they are vegetarian or require something else". A person in the office, who used the service said, "We like to experiment sometimes with cooking. If it works out all well and good but if not it's a takeaway pizza". Personal assistants lived in the homes of people who used the service for set times, but were there twenty four hours a day. They would assist in all aspects of preparing meals, shopping and cleaning up. Personal assistants were trained in food safety to prevent possible health hazards. People who used the service planned and ate what they wanted. People were supported to be able to eat and drink sufficient amounts to meet their needs.

There were risk assessments which covered all aspects of working in a kitchen. This helped ensure staff and people who used the service were protected from possible harm.

Safety and suitability of premises

✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

This service operated out of an office very close to Lancaster town centre and was accessible to public transport. However, the service provided support nationally and therefore most contact was by email or telephone. There were good systems for managers to support staff and people who used the service.

The office was well manned and equipped. There were separate rooms for staff training or private meetings. Managers were available on an 'on call basis' twenty four hours a day to assist people who used the service or their personal assistants. People who used the service were responsible for their own properties, although each home was assessed to determine if there were any faults or risks.

There was a car park and easy access to the office for wheelchair users.

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 examined two staff files. The files contained evidence such as an application form and past work history, a criminal records check and two written references. There were personal documents to prove each person's identity and proof of address. Appropriate checks were undertaken before staff began work.

People who used the service said, "Staff are introduced to us to check we are compatible and we can get along" and "They try to match me with the care staff. They send new staff for a day to work alongside my existing personal assistant to help them learn what it is I need. They do this at no extra cost". Staff were also trained in the care of spinal injury and had further checks on their driving licenses and given an extra driving test to ensure they were safe and understood road signs. Health and safety training for home care helped staff understand any risks to help keep them safe.

A staff member we spoke with said, "I am the aware they checked my references and conducted a CRB check. I like working for this service. The staff are very good. There is a good staff team. They match us up with people that we can get on with. You have a good relationship with the ones you are matched up with. They are very supportive of us and you can contact them if you need to". Staff were checked for their suitability and trained in topics relevant to their role.

Complaints

✓ Met this standard

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

People who used the service were given a copy of the complaints procedure in their information pack called a service user guide. This told people who to complain to and made a commitment to deal with any concerns as soon as possible. People who used the service told us, "They have an emergency number that I can ring. This is for anything I want to talk about, not just to complain" and "I have the number for the on call staff if I need to talk to someone. I have no concerns". People were made aware of the complaints system. This was provided in a format that met their needs.

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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