

Townfield and Coach House Care Limited

Townfield Home Care

Inspection report

79 Church Street
Great Harwood
Blackburn
Lancashire
BB6 7QB

Tel: 01254882050
Website: www.townfieldhouse.co.uk

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

We carried out an inspection of Townfield Home Care on 9 and 10 February 2016. We gave the service 48 hours' notice of our intention to carry out the inspection.

Townfield Home Care is registered to provide personal care to people living in their own homes. The agency's office is located in near the centre of Great Harwood, close to all local amenities. The agency provides a service to people residing in Hyndburn, Ribble Valley and Rossendale. At the time of the inspection 102 people were using the service.

The service was managed by a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We last inspected this service on 7 January 2014 and found it was meeting all legal requirements.

During this inspection we found the service was meeting the current regulations.

People and their relatives were happy with the service they received from Townfield Home Care. They told us they felt safe using the service. Potential risks to people's health and well-being were assessed and managed effectively. Staff showed awareness of how to keep people safe and understood the policies and procedures used to safeguard people. Staff were also aware of the procedures to follow to ensure medicines were handled safely.

Safe recruitment practices were followed and appropriate checks were undertaken, which helped to ensure suitable staff were employed to care for people. There were sufficient numbers of staff to maintain the schedule of care visits. Staff told us they felt supported and received regular supervision and support from the management team.

All staff spoken with had an awareness of the Mental Capacity Act 2005 and had completed appropriate training. People had signed a consent form to indicate their agreement for care to be provided in line with their care plan.

Where appropriate, people were supported to have a balanced diet that promoted healthy eating.

Staff were respectful of people's privacy and maintained their dignity. All people spoken with told us the staff were kind and caring.

Care records and risk assessments were person-centred and were an accurate reflection of the person's care and support needs. The care plans were written with the person, so they were able to influence the delivery

of their care. The care plans included the person's likes and preferences and were reviewed regularly to reflect changes to the person's needs and circumstances. This meant staff had up to date information about people's needs and wishes.

We saw a complaints procedure was in place and this provided information on the action to take if a person wished to raise any concerns.

There were clear lines of accountability. The service had good leadership and direction from the registered manager. People, their relatives and staff spoken with had confidence in the registered manager and felt the agency was well managed. We found there were systems in place to assess and monitor the quality of the service, which included feedback from people using the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff were knowledgeable in regard to safeguarding policies, procedures and reporting requirements.

People's needs were met by a sufficient number of suitably recruited staff.

People were enabled to take risks and measures were in place to minimise these risks.

People's medicines were safely managed.

Is the service effective?

Good ●

The service was effective.

The service ensured that people received effective care that met their needs and wishes.

Staff received an induction, supervision and appraisals to enable them to perform their roles effectively.

People were able to make their own choices and decisions. The registered manager and staff were aware of the requirements of the Mental Capacity Act 2005.

People were supported to maintain their nutritional, physical and mental health.

Is the service caring?

Good ●

The service was caring.

People were involved in making decisions about their care.

Staff supported people to maintain their dignity and independence and people were looked after in the way they preferred.

People made positive comments about the caring and kind

approach of the staff.

Is the service responsive?

Good ●

The service was responsive.

Assessments were undertaken and care plans developed to identify people's health and support needs. Staff were aware of people's preferences and how best to meet their needs.

People were involved in their care planning, decision making and reviews.

There was a system in place to manage complaints and comments. People felt able to make a complaint and were confident that complaints would be listened to and acted on.

Is the service well-led?

Good ●

The service was well led.

People, their relatives and staff told us the agency was well managed and ran smoothly.

There were systems in place to consult with people and to monitor and develop the quality of the service provided.

Townfield Home Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 9 and 10 February 2016. We gave the registered manager 48 hours' notice of our intention to visit to ensure they were available at the time of the visit. The inspection was carried out by one adult social care inspector.

Before the inspection, we contacted the local authority contracting unit for feedback and checked the information we held about the service and the provider. This included statutory notifications sent to us by the manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. We used all this information to decide which areas to focus on during our inspection.

During the inspection we spoke with ten people using the service, three relatives and four members of staff over the telephone. We also spoke with the registered manager and two directors of Townfield and Coach House Care Ltd, one of whom was the nominated individual for the service. We observed staff working in the office dealing with issues and speaking with people over the telephone.

We reviewed a range of records about people's care and how the service was managed. These included the care records for five people, medication administration records, staff training records, two staff recruitment files, staff supervision and appraisal records, quality assurance audits, incident reports, complaints and compliments records and records relating to the management of the service.

Is the service safe?

Our findings

All people spoken with told us they felt safe receiving care from staff at the agency. One person told us, "I feel very safe with the carers. I can't fault them in anything. I find them all very trustworthy" and another person commented, "I have been very satisfied with everything. They are all very nice and helpful." Relatives spoken with also expressed satisfaction with the service. One relative said, "My (family member's) safety, wellbeing and quality of life has improved immensely since using Townfield." Staff told us people's safety was of key importance and described the steps they took to maintain people's safety. For example staff told us they made sure people were safe before they left their property and ensured all doors were secure.

We discussed the safeguarding procedures with the registered manager and staff. Safeguarding procedures are designed to direct staff on the actions they should take in the event of any allegation or suspicion of abuse. Staff were knowledgeable about safeguarding processes and were able to describe the signs that may indicate a person had been abused. They explained the actions they would take if they were concerned someone had suffered abuse and how they would report it. They were confident action would be taken about any concerns raised but knew they could report to other authorities outside their own organisation if necessary. All staff spoken with said they would not hesitate to report any concerns.

The provider had a whistleblowing policy. Staff knew they had a responsibility to report poor practice and were aware of who to contact if they had concerns about the management or operation of the agency.

We saw from the staff training records that all staff had completed safeguarding training when they commenced work with the agency. Staff completed the training again every three years and safeguarding procedures were discussed regularly during individual supervision and group meetings. If there were any gaps in the staff knowledge staff completed the safeguarding course earlier. Staff also had access to internal policies and procedures which included the contact details for the local authority and there was information displayed on the office notice boards. This helped staff to make an appropriate response in the event of an alert.

Some people required assistance with shopping. We found there were appropriate procedures for the staff to handle their money safely and people told us they were satisfied with the arrangements in place. We noted there were records of all financial transactions and the staff obtained receipts for any money spent. The senior staff audited these records when they were returned to the office.

Risks to people's safety and wellbeing were assessed and managed. Each person's care record included an individual risk assessment, which had considered risks associated with the person's environment, moving them safely, equipment, their care, medicines and any other factors. Potential risks associated with malnutrition and the formation of pressure ulcers were assessed at the initial assessment of needs. The risk assessments were detailed and included actions for staff to take to keep people safe and reduce the risks of harm. The assessments were updated every six months or more often if people's needs or circumstances changed. The registered manager explained service level risks had also been assessed for instance working in the office.

Staff knew how to inform the office of any accidents or incidents. They said they contacted the office and an incident form was completed after dealing with the situation. The registered manager viewed all accident and incident forms, so they could assess if there was any action that could be taken to keep people safe and prevent further occurrences. We saw completed accident and incident records during the inspection and noted an overall log had been maintained in order to identify any trends or patterns.

People and their relatives told us the staffing levels were sufficient and they usually received care and support from a consistent group of staff. However, some people also told us that there were times when a few different staff carried out their care. People spoken with confirmed the staff usually arrived on time and stayed the agreed amount of time. One person told us, "They do their best to get here on time even though it's sometimes difficult due to traffic." Duty rotas were prepared in advance and the registered manager told us new care packages were not accepted unless there were enough staff available to cover the visits required safely. Staff said they usually had adequate time to travel between visits without rushing.

Wherever possible, staff were allocated to support people who lived near to their own locality. This reduced their travelling time, and minimised the chances of staff being late for visit times. At the time of the inspection we noted there had been five missed visits in the last 12 months. The registered manager had investigated the circumstances of the incidents in order to minimise the risk of reoccurrence. Staff logged in and out of people's homes using the telephone. Visits were monitored via a computer system, which meant a prompt response could be made in the event of a late arrival time.

Staff recruitment records provided assurance that appropriate pre-employment checks had been satisfactorily completed. These checks included a record of staffs' previous employment history, references from previous employment, their fitness to do the job safely and an enhanced criminal records check. Staff told us about their recruitment and the documents they had to supply. This meant the registered manager only employed staff after all the required and essential recruitment checks had been completed. We noted from the interview records seen staff were asked a series of questions which included the importance of maintaining people's well-being and safety.

We reviewed the arrangements in place for supporting people with their medicines. People were encouraged to manage their own medicines as far as practicable. People receiving assistance with medication told us they received their medicines when they needed them. One person commented, "They make sure I get my tablets every time they visit." Staff told us they had completed a safe handling of medicines course and records seen confirmed this. Senior staff also carried out competence checks to ensure staff were competent in this task. Staff had access to a set of policies and procedures which were available for reference.

We noted a full list of people's medication along with the reasons for the prescription and the possible side effects was maintained in people's files. Appropriate records were maintained of the administration of medication. The medication administration records were audited to check they were accurate and complete. Guidance for staff on how to support people with medication was included in the care plan as necessary, along with information on the management of any risks associated with their medicines. Contact details for the person's GP and pharmacist were included in the care files and staff used these if they needed to discuss people's medication.

Is the service effective?

Our findings

People felt staff had the right level of skills and knowledge to provide them with effective care and support. They were happy with the care they received and told us that it met their needs. One person said, "They (the staff) are doing a good job and are always very pleasant and courteous" and another person commented, "My regular carer knows me so well, she knows exactly what I want and need."

We looked at how the provider trained and supported their staff. From talking with staff and the registered manager and looking at records we found staff were suitably trained to help them meet people's needs effectively. All staff completed induction training when they commenced work with the agency. This included an initial induction on the organisation's policies and procedures and ways of working, the provider's mandatory training and the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

New staff shadowed experienced staff for a minimum of 15 hours to become familiar with people's needs and preferences. Staff spoken with told us the induction training was thorough and confirmed it equipped them with the necessary knowledge to carry out their role. All new staff completed a probationary period, during which their work performance was reviewed at regular intervals.

The provider had established a staff training academy and appointed a trainer to organise and deliver the training. We found there was a programme of training, available for all staff, which included safeguarding vulnerable adults, the role of a care worker, medication awareness and administration, fluids and nutrition, health and safety, fire safety and equality and diversity. Staff also completed specialist training on dementia awareness and stoma and catheter care. We were given a copy of the staff training records and noted staff completed their training in a timely manner. The variety of training offered meant that staff were supported to have the correct knowledge to provide effective care to the people. All staff spoken with told us their training was beneficial to their role.

Staff received regular supervision, which included observations of their practice, as well as annual appraisals. They told us they had the support of the registered manager and senior staff and could discuss anything that concerned them. We saw the registered manager and senior staff assessed and monitored staff skills and abilities, and took action to address issues when required. We noted that where shortfalls had been identified in records, the records were copied and discussed with the staff member at supervision.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the service was working within the principles of the MCA. We found the agency had detailed policies and procedures on the MCA and staff had received appropriate training. Staff spoken with

had an understanding of the principles of the Act and understood the need to ask people for consent before carrying out care. One staff member told us, "I ask people if I can help and explain everything so they can make a choice." We saw consent forms were used by the agency to demonstrate people's consent to care to be provided in line with their care plan and where necessary to staff assisting with their medication. The registered manager was aware of the processes involved if a person was thought to lack capacity to make decisions for themselves. A senior member of staff told us they had attended a best interest meeting which had been arranged by social services.

People were supported to maintain a healthy diet where this was part of the care plan. Staff told us they assisted people to choose what they wanted to eat and drink before preparing it. People were satisfied with the support they received, one person told us, "They always ask me what I want and they cook me a nice meal." The registered manager explained food and fluid intake charts were used as necessary if a person was at risk of malnutrition or dehydration.

We looked at the way the service provided people with support with their healthcare needs. People's care plans contained important telephone contact details as well as information on their healthcare status. This helped staff to liaise with people's relatives and health and social care professionals if they had concerns about people's health or well-being. We saw from looking at people's care records and speaking to the staff and registered manager that healthcare referrals were made as necessary, for instance to occupational therapy or the person's GP. This meant people were assured that requests and referrals for health care would be made in a timely manner.

Is the service caring?

Our findings

People told us the staff always treated them with respect and kindness and were complimentary of the support they received. One person told us, "The carers are very respectful. I don't think they could do any better" and another person commented "They feel like one of the family, absolutely brilliant". Similarly relatives spoken with praised the approach taken by staff, one relative said, "The staff genuinely care about (family member). They go above and beyond and we all get on so well together."

During our time spent in the agency office we observed staff answered people's telephone queries in a sensitive and understanding manner.

Staff spoken with understood their role in providing people with person centred care and support. They gave examples of how they provided support and promoted people's independence and choices. One member of staff told us, "I'm a strong believer in maintaining people's independence. It's so much better for their well-being." This approach was reflected in people's comments, for instance one person told us, "They have really got me back on my feet. They have been very patient and been there to steady me. I feel I have my confidence back."

The staff were knowledgeable about people's individual needs, backgrounds and personalities and were familiar with the content of people's care records. They told us they visited people on a regular basis which helped them get to know the person and how best to support them. Wherever possible people were involved in decisions about their care and their views were taken into account. This told us people's comments were listened to and respected.

We noted each person's file contained information about their living circumstances and preferred social activities. The process of developing care plans helped people to express their views and be involved in decisions about their care. People using the service told us staff had time to ask them about their preferences and were flexible in their approach. One person said, "They always ask if there is anything more they can do to help me."

All people spoken with told us the staff respected their rights to privacy and dignity. One person told us, "They are very professional and have always respected my privacy. I feel very comfortable in their company." People confirmed staff entered their house in the agreed way and they were respectful of their belongings. Staff had access to policies and procedures on maintaining people's privacy and dignity whilst providing care and support and we noted the senior staff carried out unannounced observations to ensure they were adhering to best practice.

People enjoyed visits from the staff. One person told us, "I look forward to them visiting" and another person said, "I enjoy our little chats. We have a very good working relationship." Staff told us they found their role rewarding and spoke of people in a warm and compassionate manner. One member of staff commented, "I love my job, it is very fulfilling and rewarding, especially making a difference to people's lives."

People told us they were able to express their views on the service on an on-going basis, during care plan reviews, spot checks and the annual satisfaction questionnaire. People were given an information file, which contained a service user guide as well as their care plan documentation. The service user guide provided a detailed overview of the services provided by the agency. We noted this document included the aims and objectives and what people could expect from the service. For example it stated one of the aims was "To deliver a service of the highest quality that will improve and sustain the service user's overall quality of life."

Feedback received by the agency highlighted the caring approach taken by staff and the positive relationships staff had established to enable people's needs to be met. We saw several messages of thanks from people or their families.

Is the service responsive?

Our findings

People and their relatives told us the service was responsive to their needs and they were happy with the care and support provided by staff. One person told us, "If I asked them, they would do everything to help" and another person commented, "They work flexibly and listen to what I want doing." Similarly a relative told us, "They talk to my (family member) not me and ask them how they like things done. They are like a breath of fresh air."

An initial assessment of needs was carried out before people used the service. People spoken with could recall meeting with a representative from the agency to discuss their needs and confirmed they were asked how they wished their care to be delivered. We looked at completed assessments during the inspection and noted they covered all aspects of people's needs. Following the initial meeting, a care plan was developed with the full involvement of people using the service.

We looked at five people's care plans and other associated documentation during the inspection. The care plans were written in a person centred way and designed to enable staff to access information quickly. The information contained in the plans identified people's needs and provided guidance for staff on how to respond to them. The care plans were supported by a series of risk assessments and included people's preferences and details about how they wished their care to be provided. The care plans also included a one page profile which included their preferred name and what was important to the person.

All people spoken with were aware of their care plan and confirmed they had discussed their plan with a member of staff from the agency. There was documentary evidence to demonstrate the plans had been reviewed at least every six months or more frequently if there had been a change in need or circumstance. Each time the care plans had been reviewed a different coloured paper was used. This alerted staff to changes to the plan. Care plans had been explained to people and whenever possible they had signed a consent form to indicate their agreement to the plan.

Staff told us they used the care plans to help them understand people's needs and confirmed they frequently referred to them during the course of their work. They said they were confident the plans contained accurate and up to date information. They also said there were systems in place to alert the senior staff of any changes in needs in a timely manner.

A record of the care provided was completed at the end of every visit. This enabled staff to monitor and respond to any changes in a person's well-being. The records were returned to the office at regular intervals for archiving. All records were read when they returned to the office to identify any concerns with the person's care and to ensure staff were completing the records appropriately. We looked at a sample of records and noted people were referred to in a respectful way.

People were supported to access activities in the community in line with their care plan. For instance one person was supported to go swimming and to meet their friends. We noted details of people's social interests and hobbies were included in their care plans. This helped the staff to initiate meaningful

conversations.

People using the service had been provided with clear information about how to contact the agency during the day and out of hours. This meant that people and staff had access to support and advice whenever necessary.

We looked at how the service managed complaints. People told us they would feel confident talking to a member of the care staff, the registered manager or senior staff if they had a concern or wished to raise a complaint. One person told us, "When I ring the office they always sort everything out quickly." Staff spoken with said they knew what action to take should someone in their care want to make a complaint and were confident the registered manager would deal with any given situation in an appropriate manner.

There was a complaints policy in place which set out how complaints would be managed and investigated. The complaints procedure was incorporated in the service user guide and included the relevant timescales for the process to be completed. We looked at the complaints record and noted the registered manager had received 13 complaints in the last 12 months. We found the service had systems in place for the recording, investigating and taking action in response to complaints. Records seen indicated the matters had been investigated and resolved to the satisfaction of the complainant. This meant people could be confident in raising concerns and having these acknowledged and addressed.

The registered manager and staff worked closely with other social care and healthcare professionals as well as other organisations to ensure people received a consistent coordinated service. For instance in the event of a medical emergency, whilst providing care staff stayed with the person and gave essential information including the care plan to ambulance staff. The directors of the company told us that people could move seamlessly between the residential home owned by the company and their own home if the need arose.

Is the service well-led?

Our findings

People, their relatives and staff spoken with told us the agency ran smoothly and was well organised. One person told us, "I'm getting exactly what I need. Everything runs fine for me" and a member of staff said, "The agency is very well run. It is very much a family business and everyone is willing to help out."

There was a manager in post who was registered with the commission. The registered manager had responsibility for the day to day operation of the agency. Throughout our discussions it was evident the registered manager had a good knowledge of people's current needs and circumstances and was committed to the principles of person centred care. The registered manager explained that over the previous 12 months she had improved systems for monitoring the timing of care plan reviews, supervision and appraisals and ensured a senior member of staff was available for advice from 7 am until 11.30 pm. The registered manager also talked about ways of improving the service further. She described her planned improvements over the next 12 months as expanding the service whilst maintaining the same quality, analysing the staff rota to look at consistency and seeking more feedback on the quality of the service during care plan reviews.

Staff spoken with made positive comments about the registered manager and the way she managed the agency. One staff member told us, "There is definite support from the manager she is very staff orientated and understands any difficulties" and another staff member commented, "Both the registered manager and the providers are very friendly and approachable." There was a management structure in place and staff were aware of their roles and responsibilities. Staff told us they had received the training they needed and were well supported by the registered manager and the senior staff. We saw and were told the registered manager had an "open door" policy and staff were encouraged to call into the office at any time.

In addition to supervision and appraisal meetings staff were invited to attend meetings which were held twice a year. We saw the minutes from the meetings held during 2015 and noted the discussion covered all aspects of the operation of the service.

We saw regular spot checks known as "seen" and "unseen" checks were undertaken to review the quality of the service provided. The seen spot check involved a senior member of staff arriving at a person's house while a staff member was providing care and the unseen check comprised of a senior staff member arriving at a person's property just after the staff member had left. The checks included observing the standard of care provided and asking people for their feedback on the service. The spot checks also included reviewing the care records kept at the person's home to ensure they were appropriately completed and to see if care was being provided according to the person's wishes.

The registered manager and senior staff monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. People were also given the opportunity to complete an annual customer satisfaction questionnaire. We looked at the results of the survey carried out in November 2015 and noted people indicated they were satisfied with the overall service provided. People had also made positive comments about the service, for instance one person had written, "My regular carers

know what we expect and carry out work well." The registered manager had collated and analysed people's responses to identify any suggestions for improvement.

The registered manager and senior staff carried out ongoing checks and audits. We noted there was a schedule in place to ensure the audits were carried out at regular intervals. These included checks on files, medication records, accidents and incidents, care plans, daily communication logs, staff training and supervision. Visits to people's homes were checked using the telephone monitoring system. To help with communication, the registered manager issued the staff with weekly newsletters and messages via the staff rota.

We saw policies, procedures and practice were regularly reviewed in light of changing legislation, good practice and advice. The service worked in partnership with key organisations to support care provision, service development and coordinated care. Legal obligations, including conditions of registration from Care Quality Commission (CQC) and those placed on them by other external organisations were understood and met such as the Local Authority and other social and health care professionals.

There were procedures in place for reporting any adverse events to CQC and other organisations such as the local authority safeguarding team. Our records showed the registered manager had appropriately submitted notifications about incidents that affected people who used services.