

# Townfield and Coach House Care Limited

# Townfield Home Care

## Inspection report

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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 announced inspection of Townfield Home Care on 25 and 26 July 2018.

This service is a domiciliary care agency. It provides personal care to people living in their own houses. At the time of the inspection, 150 people were receiving a service from the agency with a range of health and social care needs, such as people with a physical disability and people living with dementia. Support was tailored according to people's assessed needs within the context of people's individual preferences and lifestyles to help people to live and maintain independent lives and remain in their homes.

At the last inspection, in February 2016 the service was rated overall as 'Good'. At this inspection, we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Staff knew how to recognise and report abuse and understood their responsibilities in keeping people safe. Where risks to people's safety had been identified, ways to mitigate these risks had been discussed with the person and recorded so staff knew how to support the person safely. The provider was following appropriate recruitment procedures to make sure only suitable staff were employed. People received their medicines when they needed them from staff who had been trained and had their competency checked. Risk assessments were carried out to enable people to retain their independence and receive care with minimum risk to themselves or others.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff were provided with the training they required in order to support people safely and effectively. An induction and training programme was in place for all staff. A detailed assessment was carried out to assess people's needs and preferences prior to them receiving a service. This meant that care outcomes were planned and staff understood what support each person required. People were supported with their healthcare and nutritional needs as appropriate.

Care and support was planned and personalised to each person, which ensured they were able to make choices about their daily lives. People had access to a complaints procedure. Where people received end of life care this was planned and provided sensitively.

Quality assurance and information governance systems remained in place to monitor the quality and safety of the service. People and relatives spoken with told us that they were satisfied with the service provided and the way it was managed.

## 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 remains good.

### Is the service effective?

Good ●

The service remains good.

### Is the service caring?

Good ●

The service remains good.

### Is the service responsive?

Good ●

The service remains good.

### Is the service well-led?

Good ●

The service remains good.

# 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 comprehensive inspection took place on 25 and 26 July 2018 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office. The inspection was undertaken by one adult care inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

In preparation for our visit, we looked at previous inspection reports, notifications (events which happened in the service that the provider is required to tell us about) and information that had been sent to us by other agencies, including the local authority's contract monitoring team.

In addition, we sent satisfaction questionnaires to 50 people using the service and 50 relatives; we received 16 completed questionnaires from people and four from relatives. We also sent 55 questionnaires to staff and eight were returned. We analysed the responses and took these into account when considering the evidence for the report.

During the inspection, we spoke with eight people using the service, three relatives and three staff over the telephone. We also spoke with the registered manager, deputy manager, a director of the service and the nominated individual at the agency's office.

We reviewed a range of records about people's care and the way the service was managed. These included the care records for four people, medicine administration records, staff training records, three staff recruitment files, staff supervision and appraisal records, minutes from meetings, quality assurance audits, incident and accident reports, complaints and compliments records and records relating to the

management of the service. We also looked at a sample of policies and procedures and the most recent customer satisfaction questionnaires completed by people using the service.

Further information is in the detailed findings.

## Is the service safe?

### Our findings

People spoken with told us they felt safe receiving care from staff at the agency. For instance, one person told us, "The carers always move me properly, they stay with me and make sure I'm comfortable and safe" and another person commented, "I feel totally safe with them. They do a good job." Relatives spoken with also expressed satisfaction with the service and told us they had no concerns for their family member's safety. One relative said, "I feel [family member] is being looked after very well. I have complete peace of mind they are looking after her properly."

We looked at how the service kept people safe and protected them from discrimination. Staff spoken with expressed an understanding of safeguarding and protection matters. They were aware of the various signs and indicators of abuse. All staff spoken with said they would report any concerns to the registered manager and were confident appropriate action would be taken. Staff also told us they were aware of the whistleblowing policy in place and would always report any poor practice they observed.

Staff had received training in safeguarding vulnerable adults and policies and procedures were in place to provide them with guidance if necessary. Staff told us they had also received additional training on how to keep people safe, which included moving and handling, infection control, basic life support and fire safety. The registered manager was aware of her responsibility to report issues relating to safeguarding to the local authority and the Care Quality Commission.

People and staff had information about what to do in an emergency. Since the last inspection, the management structure had been reviewed and a senior member of staff was now based in the office during the evening. This meant people and staff had ready access to advice and support, as necessary. People's care records also contained contact details staff may need to contact in an emergency such as such as next of kin and social and healthcare professionals.

We looked at how the provider managed risks to people's health and safety. Each person's care record included an individual risk assessment known as a support plan, which had considered risks associated with the person's environment, moving them safely, their care and treatment, medicines and any other factors. We noted the risk assessments included actions for the staff to take to keep people safe and reduce the risks of harm. We saw the risk assessments were updated every six months or more often if people's needs or circumstances changed. Staff told us they made observations at each visit to identify any changes or new risks that may occur. They said these would be reported to the office immediately, in order to prompt a review of the person's care documentation.

There were arrangements in place to check and review when people's equipment such as hoists, pressure mattresses and mobility aids required servicing. This helped ensure people's safety and reduce the risk of injury. We noted there was a business continuity plan, which set out emergency plans for the continuity of the service in the event of adverse events such as loss of power or severe weather.

Staff knew how to inform the office of any accidents or incidents. The registered manager viewed all

accident and incident documentation, so she could assess if there was any action that could be taken to prevent further occurrences and to keep people safe. We noted all actions taken were recorded in a central log. An analysis of the records was carried out in order to identify any patterns or trends.

Staff had completed training and had access to equality and diversity policies and procedures. We also noted people's individual needs were recorded as part of the care planning process.

We checked three new members of staffs' files and noted appropriate checks had been carried out before they started work. We saw the staff had completed an application form and had attended the agency for a face-to-face interview. Interview notes had been recorded to support a fair process. The provider had also ensured the staff members had provided a full history of employment along with a satisfactory explanation of gaps. We noted an enhanced criminal records check was carried out for all new staff prior to them commencing work with the agency. The recruitment process was tracked using a checklist and supported by policies and procedures, which reflected current regulatory requirements.

There were sufficient staff to provide safe effective care for people. Duty rotas were prepared in advance by the care coordinators, who had responsibility for specific geographical areas. The staff rostering system was computerised, which ensured all visits were allocated appropriately. Staff spoken with said they had adequate time to travel between visits without rushing. This meant there were systems in place to ensure staff were at the right place at the right time. Most people confirmed the staff usually arrived on time and did not cut the visit short. The registered manager had maintained a log of missed visits and had investigated the circumstances on each occasion. People spoken with had mixed views on the consistency of staff. We discussed their comments with the registered manager, who was aware of people's views. She explained a large number of care packages had been taken over from another agency, following the outcome of local authority's tendering process. This had resulted in a period of realignment, which had recently been completed. As a result, the registered manager expected the level of consistency to be more stable in the future.

People spoken with were satisfied with the way the agency supported them with their medicines. Staff said they had completed medicines training and records seen confirmed this. Staff had access to a set of policies and procedures and were observed handling medicines twice a year to check their level of competency. We noted the policies and procedures pertaining to medicines had been updated since the last inspection to include more information on the administration of morphine based medicines. Guidance for staff on how to support people with medicines was included in the care plan as necessary, along with information on the management of any risks associated with their medicines. All medicines administration records were returned to the office for audit purposes.

There were systems in place to ensure people were protected against the risk of infections. Staff spoken with were aware of their roles and responsibilities in relation to hygiene and infection control. Staff were provided with personal protective equipment, including gloves, aprons and hand gels, which they collected from the agency's office. People spoken with during the inspection, confirmed the staff always used appropriate protective equipment when assisting with personal care. We noted staff had access to an infection prevention and control policy and procedure and had completed relevant training.

## Is the service effective?

### Our findings

People felt the 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. For example, one person told us, "The carers are well trained, they do everything properly" and another person said, "The staff are keen to help me and always ask me if I need anything else." Relatives spoken with also expressed confidence in the staff team, one relative said, "We all work so well together to look after [family member]. I can't thank them enough."

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. People spoken with confirmed they were asked for their consent before care was given and they were supported and enabled to make their own decisions. Staff had a good understanding of the importance of giving people choices and their right to make decisions about their care and support. For instance, one member of staff said, "I always explain to people what I'm going to do, so they have a choice." Staff had received training on the MCA and had access to appropriate policies and procedures.

We noted people had signed forms, to indicate their consent to the care provided, as well as a consent form for staff to use the telephone and where appropriate the management of their medicines. However, we found a relative had signed forms without documented reasons why the person receiving the service could not sign to indicate their agreement. We discussed this situation with the registered manager during the inspection. They assured us a suitable assessment would be implemented as appropriate, to complement the current assessment and care planning processes.

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 a four day induction when they commenced work with the agency. This included an introduction to the agency and its policies and procedures as well as the provider's mandatory training and where necessary, the Care Certificate. The Care Certificate is designed for new and existing staff and sets out the learning outcomes, competencies and standard of care that care agencies are expected to uphold.

New staff worked alongside experienced colleagues for a minimum of 15 hours to enable them to meet people and understand their needs. 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 of six months, during which their work performance was checked and reviewed at regular intervals.

The provider had a staff training academy and employed 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, 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.

People said that a representative from the service met them to discuss their needs before receiving a service. People spoken with could recall meeting with the representative and confirmed they were asked how they wished their care to be delivered. Where appropriate, information was also gained from relatives, relevant health care professionals and from the local authority. We looked at completed assessments during the inspection and noted records had been maintained of people's needs and preferences. Further to this, the nominated individual confirmed the assessment form would be updated to include information about people's preference for the timing of visits.

We considered how the service used technology and equipment to enhance the delivery of effective care and support. We found staff deployment was managed by care coordinators using a computer system. This ensured people's visits were managed effectively. The agency also used an electronic call monitoring system. This system enabled staff to register their visit to people's home via telephone and allowed the coordinators to see via a 'live' system when calls had been made and how long each staff stayed for. We looked at a sample of call monitoring records during the inspection and noted staff had arrived on time and had stayed for the allocated time.

People were supported at mealtimes in line with their plan of care. We noted from the staff training records that staff had received fluids and nutrition training. People receiving this support told us staff asked them what they preferred to eat and prepared and cooked their food to a good standard. Nutritional and hydration risks were assessed and food and fluid charts were used when people's dietary input required monitoring.

We looked at the way the service provided people with support with their healthcare needs. We found people's plans contained important telephone contact details for people's GP and next of kin. 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 noted people's care plans included a list of people's healthcare needs. The registered manager told us additional details would be added to the plans to inform staff how people's medical conditions impacted on their daily lives and how they could monitor people's conditions to increase their awareness of any deterioration.

## 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. For instance, one person told us, "The carers are brilliant. They really care and they show dignity and consideration" and another person commented, "My care staff are very friendly, efficient and lovely." Relatives spoken with were also praised the approach taken by staff, for example one relative said, "All the staff have been so nice and kind. [Family member's] health and wellbeing has improved so much since they started visiting."

Staff spoken with understood their role in providing people with person centred care and support. They gave examples of how they promoted people's independence and choices, for instance ensuring people had time to carry out personal tasks for themselves, wherever possible. Reflecting on their approach, one member of staff told us, "It's vitally important we encourage people's independence, because it makes them feel better about themselves." People spoken with confirmed staff respected and supported their independence skills, for instance one person commented, "Anything I can do, I do. The carers respect this and never try to take over."

The staff were knowledgeable about people's individual needs, backgrounds and personalities and told us they were familiar with the content of their 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. People told us they were consulted about the care they needed and how they wished to receive it. People were involved in developing their care plans and their views were listened to and respected. The process of developing care plans helped people to express their views and be involved in decisions about their care. People using the service and their relatives told us staff had time to ask them about their preferences and were flexible in their approach.

Staff were aware of the importance of maintaining people's privacy and were able to give examples of how they applied this in practice. People told us their privacy was respected at all times. 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 we noted the registered manager and the management team often sought feedback from people using the service to ensure staff were adhering to best practice.

Staff told us they found their role rewarding and spoke of people in a warm and compassionate manner. One member of staff commented, "I absolutely love my job, it is so rewarding helping people and seeing them happy" and another member of staff said, "I've always been happy in my job. I visit some lovely people."

People told us they were able to express their views about the service on an ongoing basis during care plan discussions and conversations with the care staff and the staff based in the office. 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.

Staff had a good understanding of the need to maintain confidentiality. People's information was treated confidentially and staff signed a confidentiality statement as part of their employment. Personal records other than those available in people's homes were stored securely in the registered office. Staff files and other records were securely locked in cabinets within the offices to ensure that they were only accessible to those authorised to view them.

## Is the service responsive?

### Our findings

People spoken with told us the staff responded well to their current and changing needs. They said they made their own decisions about their care and were supported by the staff. People and their relatives confirmed they had a care plan and said they felt part of the care planning process. For example, one person told us, "The plan was discussed with me and I agreed to it" and a relative said, "They have put together a really good support plan. It is totally about [family member] and how she wants things doing."

We looked at four 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 incorporated 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. For instance, one staff member told us, "The care plans are very helpful. They have everything we need to know, step by step." The staff also confirmed there were systems in place to alert the senior staff of any changes in needs in a timely manner. The registered manager and staff worked closely with other social care and healthcare professionals as well as other organisations to ensure people received a coordinated service.

Records of the care and support provided to people were completed at each visit. This enabled staff to monitor and respond to any changes in a person's well-being. The care records were returned to the office for auditing purposes and for filing. The registered manager confirmed the records were regularly checked. We looked at a sample of the records and noted people were referred to in a respectful way.

People told us the office-based staff were responsive and understanding if they needed to make any changes to their scheduled care visits or discuss any other issue. Since the last inspection, the management structure had been reviewed to ensure all people and staff had a single point of contact in the office depending on geographical area.

People were supported with their social needs in line with their care plan. People spoken with told us they enjoyed a chat with the staff once they had completed all their tasks. For instance, one person said, "The

carers are so cheerful, we often have a little chat before they go."

We checked if the provider was following the Accessible Information Standard. The Standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need. We looked at how the service shared information with people to support their rights and help them with decisions and choices. The registered manager confirmed all documentation was available in different font sizes to help people with visual impairments. Staff were aware of the importance of communicating with people in ways that met their needs and preferences.

People and relatives spoken with were aware of how to make a complaint and all felt they would have no problem raising any issues. The complaints procedure and policy were accessible for people and complaints made were recorded and addressed in line with the provider's policy. Complaints had been recorded with details of action taken and any outcomes required.

Where necessary and appropriate, the staff worked alongside other professionals to provide people with dignified care at the end of their life. There was no one receiving end of life care at the time of the inspection.

## Is the service well-led?

### Our findings

People and relatives spoken with made positive comments about the leadership and management of the agency. For instance, one person said, "All runs smoothly for me, any queries have been dealt with swiftly" and a relative said, "All the office staff have been very responsive. I've had no problems at all."

The manager in post was registered with the commission. 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.

The registered manager was committed to the continuous improvement of the service and had a good understanding of people's needs. She described her achievements in the last 12 months as successfully gaining a tendering contract with the local authority, restructuring the management team and the introduction of staff champions for safeguarding vulnerable adults, medicines and care planning. Staff champions develop their expertise in a specific area and are a point of reference for other staff.

The registered manager also told us about her priorities over the next 12 months which included, the introduction of awareness weeks on specific topics, for instance, diabetes, the development of a staff survey and further embedding the Mental Capacity Act in the assessment and care planning processes. We noted the provider had carried out an internal inspection using the key lines of enquiry set out by the Commission and had identified areas for development.

There was a management structure in place and staff were aware of their roles and responsibilities. Staff were provided with job descriptions, contracts of employment, policies and procedures and the staff handbook, which outlined their roles, responsibilities and duty of care. Staff told us they had received the training they needed and were well supported by the registered manager. One staff member told us, "[The registered manager] is really approachable and manages the service very well." We observed that staff were encouraged to call into the agency's office were made welcome by management team.

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. These 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 a bi-annual customer satisfaction questionnaire. We looked at a sample of returned questionnaires from the survey conducted in July 2018 and noted the majority of people indicated they

were satisfied with the service provided. The nominated individual explained any concerns would be considered under the provider's complaints procedure.

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.

We saw the provider was meeting their legal obligation to display their CQC rating on their website and at the agency's office.