

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

## Continued Care from Oakville Limited

Unit 10b, Commercial Yard, Settle, BD24 9RH

Tel: 01729810600

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December 2012

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>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	Continued Care from Oakville Limited
Registered Manager	Mrs. Samantha Harrison
Overview of the service	<p>Continued Care from Oakville Limited is registered to provide personal care to people who live in their own home. The agency office is in the centre of Settle. There is parking available nearby, in a 'pay and display' car park. The agency is owned by Continued Care from Oakville Limited. Visits vary in duration and support is offered for such things as personal care, companionship, domestic tasks and escorting to medical appointments.</p>
Type of service	Domiciliary care service
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

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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 11 December 2012, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with carers and / or family members and talked with staff.

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### What people told us and what we found

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We spoke with seven people who used the service. Everyone we spoke with told us they were completely satisfied with the care and support they received from the agency. We saw records that showed people who used the service and their relatives, were involved in developing their care plans. People we spoke with said they understood their care plans and that staff had explained things to them in detail.

People told us that staff were knowledgeable regarding their support needs. They said they were treated extremely well by 'kind, considerate and respectable' care workers. Everyone told us that if they had a complaint they would contact the manager, who they knew by name, and they were confident it would be dealt with properly.

We looked at people's care records. We found records were accurate, up to date and regularly reviewed. We looked at staff records and found staff were well trained and saw there were good systems in place to ensure they were well supported in their work.

Staff talked positively about their work and were proud of the quality of care they provided. One member of staff told us that because Settle is a small town, people knew one another and often people they had grown up with, were now people they were supporting. This they thought helped to establish a trusting relationship and that the reputation of the agency was reliant on the quality of the care staff delivered.

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. People's 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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People who used the service said they were asked about their care needs and felt listened to and involved in planning their care. They told us that the agency staff had regular contact with them, to ask for their opinion of the service. They said that staff were 'considerate, caring and diligent' in all they did. One person said staff understood that different levels of support were needed at different times and that staff adjusted what they did according to how the person was feeling during the visit. They described their care workers as 'absolutely great.' They went on to say, "I couldn't manage without them. They give me support and confidence to stay at home."

People were given appropriate information and support regarding their care and support. People we spoke with told us they received good information about the agency prior to using it. They said they knew who to contact if they had any queries or concerns. People told us they got regular care workers, who were always introduced to them before they began providing the care. This meant they were able to build up a trusting relationship with the care worker. None of the people we spoke with had had to report a missed call. They added even in the very bad weather the staff managed to visit them.

The manager told us they gained feedback through the use of surveys, individual visits to the clients and through information provided by care workers. We looked at the feedback given in a survey conducted in 2011. This showed a high degree of satisfaction with the service provided. We also saw several complimentary letters and cards sent by people who had used the service, expressing their thanks for the support given and praising staff for their work. The manager told us that they worked hard to match the right care workers to a client and that staff felt this was a key factor to the success of any care package.

Staff told us there were good systems in place to make sure people's privacy, dignity, choices and independence were promoted. They said they always had enough time to make sure people's care needs were met in a timely and dignified manner. They gave us examples of how they respected people's privacy and dignity. They showed they had a good understanding of person centred care and saw people as individuals. One member

of staff told us, "I am proud to wear my uniform. We put the clients first always." Staff described their commitment to their work and the people and families they supported.

**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 and support that met their needs and protected their rights.

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**Reasons for our judgement**

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People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. People who used the service told us they were extremely happy with the care and support provided. They said the standards of care were 'high.'

People we spoke with said they felt fully supported by the agency staff. When asked whether staff met people's changing needs one person said, "Entirely, I don't want to leave my home and all my cherished things. The carers are good at helping me, without making me feel like a nuisance."

The manager told us they visited people at home, before they were offered a service. During the initial home visit people who used the service and/or their relatives were involved in making decisions about their care and support. The manager was keen to make sure they worked with the person needing support and listened to what they needed to be able to maintain a quality of life which they wished for. Initial assessments were not rushed and staff took time to develop a care plan, which would work for the person, and this was completely designed around their choices.

On the day of our inspection, we looked at pre-assessment information, care plans and risk assessment documentation. We saw records that showed people had been engaged in person centred planning to enable them to identify their needs, wishes and future plans. Support needs and any risks were identified within these plans. The information provided staff with good information on how people wanted their care and support to be delivered.

We spoke with five staff, including the manager of the agency. They all said that in their opinion people received good care and everyone's needs were appropriately met. One member of staff told us, "We provide a service which is 100%."

Staff demonstrated a good knowledge of people's care, support needs, risks and routines. They said the care plans and risk assessments gave them all the information they needed to meet people's needs. They said there were good systems in place to make sure any changes to people's needs were reported and care plans were always updated to reflect these changes. People told us they were visited by the same team of care workers and appreciated the continuity this provided. All the staff we spoke with said that consistency and continuity of staff was important in building up a good relationship with people who used the service. They said they worked in small teams to make sure this happened. They



also told us they were well supported by the manager and other senior staff, who regularly carried out quality checks on the care being provided.

We also looked at records of medication administration, which formed part of the support planning process. The instructions for the use of medication were clearly documented in care records so that it was clear to the care worker when the medication was due and therefore people were getting their medication as prescribed.

Staff told us people's rights and choices were respected, and care and support was person centred and individual.

There were arrangements in place to deal with emergencies. Staff said they were trained to deal with people's health needs. Staff spoke confidently about how they would not hesitate to get a doctor for someone or ring for an ambulance if needed.

**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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People who used the service had no concerns over their safety. They said they felt reassured by the professionalism of all the staff and the manager.

Staff we spoke with said they had received safeguarding training, and told us they understood how to report any concerns or allegations of abuse. Staff said they would report any concerns or allegations of abuse to the manager or other senior managers if appropriate and told us they were confident that any issues would be dealt with appropriately.

We looked at staff training records and saw that training on safeguarding vulnerable adults and children had been given to staff. The manager said training on safeguarding was always covered on induction and staff were made aware of the safeguarding policy and procedures. Incidents and concerns had been referred to the appropriate agencies and action taken where required. This showed that the procedures in place were being used to protect people who used the service.

**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 we spoke with said they received good support from the management team. They said they received supervision and 'spot checks' were carried out to check on their performance and practices. They also said they had an appraisal each year and were able to identify training needs and opportunities for professional development.

Staff told us they had opportunities to attend staff meetings and a wide variety of training events. One member of staff told us, "The training is really good. The owner invests time into making sure we have the right skills to do our job." Another member of staff told us, "We are very well supported by the agency." They went on to explain how the manager cared about the staff working for the agency as well as she did about the people using the service."

All staff we spoke with said how they enjoyed their work and felt they were making a difference to peoples' lives by supporting them to live independently.

The manager told us all necessary staff training such as moving and handling, safeguarding, first aid and medication awareness was up to date. Each staff member had a file containing details of the training they had completed. The manager regularly assessed staff training needs and could see when updates were due. We looked at staff training records and could see that training updates were given promptly and when needed.

Staff were given the opportunity to get together to discuss feedback from people who use the service and/or their relatives, care and support issues and any information updates from the organisation.

## 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 provider sends out annual questionnaires for people who use the service. The results were collated and analysed and we were shown the results for 2011. The overall outcome was that people were very satisfied with the service. The provider had sent out questionnaires again, for 2012, at the time of our visit.

The manager said a hazard assessment had been completed for every household they visited to make sure the environment was safe for staff to work in. We saw records of these when we visited the agency.

The manager said they had a number of different measures in place to check that systems were working effectively. She said the management team did regular audits, which included looking at daily records, medication charts and care plans to make sure care needs were being met and care plans were being followed. We saw evidence in the care plans of reviews of people's needs and how care plans had then been updated.

Staff said they thought the agency was managed very well. They said the manager enabled them to do a good job and regularly checked on them whilst they were out doing their work. They said they felt supported by this and that they welcomed any feedback from the manager or the people they visited. They thought feedback helped them to improve the service they were providing. We saw records to show that these 'spot checks' had taken place and formed part of staff supervisions. The manager said that they always made sure people who used the service were involved in the spot checks and they asked for their permission before they went into their homes.

## 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.

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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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