

Review of compliance

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| Bailey Employment Services Limited True Care | |
| Region: | South West |
| Location address: | 6 Fore Street Trowbridge Wiltshire BA14 8HD |
| Type of service: | Domiciliary care service |
| Date of Publication: | October 2011 |
| Overview of the service: | Truecare Domiciliary Agency is run by Bailey Care. The location is registered to provide the activity of personal care. The office is situated in the centre of Trowbridge. |

Summary of our findings for the essential standards of quality and safety

Our current overall judgement

True Care was meeting all the essential standards of quality and safety but, to maintain this, we have suggested that some improvements are made.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 6 September 2011, talked to staff and talked to people who use services.

What people told us

People and their supporters told us that they were happy with the care provided by Truecare. They told us that they were involved in the day to day decision making, although we saw that some care plans had not been signed as agreed by the person or a representative from Truecare.

People said that their privacy and dignity was respected. People spoke positively about the staff. They said that they were competent, well trained and that they felt safe. One person summed up the various comments received by saying "they have been marvellous and would do anything for me." Systems were in place to induct, train and supervise staff. Within training records we saw that some staff were in need of attending refresher training in safeguarding of vulnerable people.

We saw that staff maintained daily records and clear guidelines on how support should be delivered, were in place. However, we noted that some care plans lacked information about the person's medical condition. There was insufficient information relating to some aspects of a person's care. For example care plans did not detail who took responsibility for the management of a person's diabetes.

Quality assurance systems were in place and views of people were canvassed.

What we found about the standards we reviewed and how well True Care was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

People are encouraged to be involved in day to day decision making. People have their privacy, dignity and independence respected by the staff team.
Overall we found that Truecare were meeting this essential standard.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

People have an ongoing assessment of their needs, which focussed on their health, wellbeing and independence. Feedback indicates that people's needs are being met but insufficient information within care plans does not always support this good practice.

Overall, we found that Truecare was meeting this essential standard but to maintain this we have suggested that some improvements are made.

Outcome 07: People should be protected from abuse and staff should respect their human rights

There are processes in place to prevent and minimise the risk of abuse. Some staff have not received training in safeguarding people, which could place people at risk.

Overall, we found that Truecare was meeting this essential standard but to maintain this we suggested some improvements are made.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

People receive support from staff that are properly inducted, trained and supervised.
Overall, we found that Truecare were meeting this essential standard.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

People benefit from a well run service. The service makes sure that it takes into account people's views when looking at improving the service.

Overall we found that Truecare were meeting this essential standard.

Actions we have asked the service to take

We have asked the provider to send us a report within 14 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. Any regulatory decision that CQC takes is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

People told us how they were involved in decisions relating to their care. One person explained how their care needs had changed since their initial assessment when a representative from the agency had visited them to discuss the assistance that they needed.

People said that they were treated well and that their dignity and privacy were maintained. We were told that staff ensured that people's independence was promoted. We saw evidence of this within care plans. Staff had been reminded to encourage people to carry out tasks where they were able to do so. One person's relative commented that the agency staff were patient when supporting their family member with personal care and when they became challenging.

We asked if people were able to express their views on what was important to them. All of the people we spoke to confirmed that they felt that they could and would be happy to raise any concerns or worries with the agency. One comment received was "I would certainly let people know if I wasn't happy".

Other evidence

The manager told us that whenever possible they involved a family member or

representative in a person's initial assessment. During the assessment the agency detail the person's cognitive skills and their capacity to make decisions.

Staff we spoke with explained how they would ensure that a person's dignity and privacy was promoted when supporting a person with personal care. They told us that they keep records of the tasks completed and that they refer to the care plan to ensure that a person receives their care that they need. One family member confirmed that agency staff read the care plan when they arrive. They added that they will often also instruct new staff on how to carry out their duties.

Our judgement

People are encouraged to be involved in day to day decision making. People have their privacy, dignity and independence respected by the staff team.

Overall we found that Truecare were meeting this essential standard.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

There are minor concerns with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

We spoke with three people or their representatives about the care they were receiving. One person summed up the various comments received by saying "they have been marvellous and would do anything for me." Another person explained that staff assisted them with their medication and kept daily records.

One person's supporter told us that their relative received care from regular agency care staff. They commented that if different carers did call the agency would let them know and that the new care staff always introduced themselves.

One relative told us how agency staff were sensitive and professional when supporting family member. They added that staff always showed patience and understanding.

Other evidence

One staff member explained the care they provided to people. We looked at four people's support plans. We saw that the plans were individual and the content varied according to the amount of support a person required. We noted that one care plan was very detailed, ensuring that care staff knew exactly how to support the person with their daily routines and the use of equipment and mobility aids. However, there was insufficient information relating to the person's medical condition. Another plan lacked detail on how the person's diabetes was to be managed and by whom.

We saw that daily records were kept in the person's home for one month. They were then returned to the office to be archived. The manager said that they would take a

random sample of records to check. However, there was no evidence to show that records had been regularly audited.

Risk assessments were completed and kept under review. They included assessments for manual handling, medication and the environment.

We discussed with the manager how the agency supported people with needs relating to their culture or diversity. She told us how they ensured that one person with a sensory impairment was always contacted by telephone to inform them of any changes of carer. They told us how they supported a person whose first language was not English, by involving a relative.

The manager told us that the agency had a very good relationship with the Community Matron in Trowbridge Hospital, whom she could ring for advice and support, if needed. We talked about other support networks provided by external agencies. The manager gave an example of when a specific piece of equipment was to be used and no one at the agency had previous knowledge of using this. The manager said that she arranged for the paramedics to attend and provide the care staff with training. Care plans record that "staff should not be using equipment that they have not been trained in using". The manager is a registered nurse and is qualified to provide training in most areas to the care staff. She told us that if there was an area where she felt that she needed to update her skills she would ensure that she contacted the appropriate person to deliver the current training.

Our judgement

People have an ongoing assessment of their needs, which focussed on their health, wellbeing and independence. Feedback indicates that people's needs are being met but insufficient information within care plans does not always support this good practice.

Overall, we found that Truecare was meeting this essential standard but to maintain this we have suggested that some improvements are made.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

There are minor concerns with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

People we spoke with told us that they felt safe and supported in their home. One person commented that they had never been let down by the agency. People we spoke with told us that either themselves or their relatives took responsibility for opening and locking doors and windows. However, the agency staff would undertake this task, if asked.

We asked if people knew how to raise a concern. People were able to describe the actions that they would take and who they would talk to. The manager told us that she felt that it was important that people had met the office staff and knew who they were talking to, if they needed to call. We were told that all incoming calls to the office were recorded for reference.

Other evidence

The manager told us that the agency was signed up to the local safeguarding protocols. She said that all staff are provided with a copy of the 'No Secrets' guidance during their induction period.

One member of staff told us that they had not yet attended safeguarding training, although they had worked for the agency for two years. However, they confirmed that they had a copy of the 'No Secrets' guidance. They explained that they would report it to the manager if they suspected abuse had taken place. The manager confirmed that any concerns would be reported to her in the first instance and she would take responsibility for making the safeguarding referral.

The manager told us about a recent safeguarding referral and how this had resulted in an Independent Mental Capacity Advocate (IMCA) being allocated to support the person who, it was agreed, lacked capacity.

Within the training matrix we saw that some staff were in need of attending safeguarding training. The manager confirmed that she would action this as soon as possible.

Our judgement

There are processes in place to prevent and minimise the risk of abuse. Some staff have not received training in safeguarding people, which could place people at risk.

Overall, we found that Truecare was meeting this essential standard but to maintain this we suggested some improvements are made.

Outcome 14: Supporting staff

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

The provider is compliant with Outcome 14: Supporting staff

Our findings

What people who use the service experienced and told us

People told us that they felt that the agency staff were competent to carry out their duties. One person commented "oh yes, they know what they are doing." Another person told us "I haven't met any carer that can't do their duties."

One relative said that they had confidence in the carers and that their family member was "treated nicely".

Staff we spoke with were able to describe the care tasks they were expected to undertake. They knew how to gather more information if it was needed. One carer told us "I always ring the office before visiting a new person so that I know what their needs are, but we always have the care plan."

Other evidence

We saw that new staff go through an induction period where they have training in manual handling and health and safety. The manager told us that she spends time with new staff going through policies and procedures. New staff work at least two shadow shifts with more experienced carers before they work alone. We were told that staff can have as long as they needed, until they felt that they are confident to work alone.

We saw that new carers completed a check list during their induction. This was signed off when both the staff member and the supervisor deemed them to be competent. Staff had work books to complete on various subjects. The manager told us that she was hoping to phase out the work books in the future and replace this with training sessions.

We noted that staff received regular training in first aid, health and safety, safeguarding, manual handling and basic food hygiene. As stated previously, it was noted that some staff needed to attend safeguarding training. We saw that first aid and health and safety training was planned for the following week. The manager said that staff gaining National Vocational Qualifications/ Diplomas had "slipped slightly" but this was an area they would be developing.

We saw records of staff supervision meetings. The manager said that she had introduced a 'self assessment' form for staff to complete prior to their supervision. She added that this enabled staff to raise any concerns or issues, which they may have found difficult to voice otherwise.

One staff member told us that they had an annual appraisal where they could discuss their personal development.

The manager said that it was difficult to get all of the carers in together to hold team meetings, due to work and family commitments. Although she added that at a recent meeting the attendance of staff had been very good.

One staff member commented "it can be difficult to get everyone together but we try to do it. If there are important messages the manager will send round a memo to everyone."

Our judgement

People receive support from staff that are properly inducted, trained and supervised. Overall, we found that Truecare were meeting this essential standard.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

We did not receive many comments about this outcome area. One person told us that they could remember completing a satisfaction survey. People said that they could discuss any issues or concerns with the agency.

Other evidence

The manager told us that they monitored quality and assessed risk through staff supervision, spot checks, observation of staff in the work place and listening to feedback from people and their relatives. They confirmed that people receiving a service have a visit every three or four months to enable them to share their views.

People and their relatives had completed satisfaction surveys sent out by the agency. We looked at four surveys and saw that 100% of people felt that they were treated with respect and that carers were friendly and reliable. Comments relating to 'willingness of the carer' stated "some more so than others". Comments relating to attitude of the carers included "I like them all, only one girl is always in a hurry" and "they are very good, X is lovely."

The manager gave us an example of when a complaint received had resulted in changes being made to improve a policy and work practices.

Our judgement

People benefit from a well run service. The service makes sure that it takes into account people's views when looking at improving the service.

Overall we found that Truecare were meeting this essential standard.

Action we have asked the provider to take

Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

| Regulated activity | Regulation | Outcome |
|--------------------|---|---|
| Personal care | Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 | Outcome 04: Care and welfare of people who use services |
| | Why we have concerns: People have an ongoing assessment of their needs, which focussed on their health, wellbeing and independence. Feedback indicates that people's needs are being met but insufficient information within care plans does not always support this good practice. | |
| Personal care | Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010 | Outcome 07: Safeguarding people who use services from abuse |
| | Why we have concerns: There are processes in place to prevent and minimise the risk of abuse. Some staff have not received training in safeguarding people, which could place people at risk. | |

The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent within 14 days of this report being received.

CQC should be informed in writing when these improvement actions are complete.

What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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