

# Review of compliance

## Bailey Employment Services Limited True Care

<b>Region:</b>	South West
<b>Location address:</b>	6 Fore Street Trowbridge Wiltshire BA14 8HD
<b>Type of service:</b>	Domiciliary care service
<b>Date of Publication:</b>	January 2012
<b>Overview of the service:</b>	True Care domiciliary agency is run by Bailey Employment services Ltd. 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 not meeting one or more essential standards.  
Improvements are needed.**

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 because concerns were identified in relation to:

Outcome 16 - Assessing and monitoring the quality of service provision  
Outcome 21 - Records

### How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 12 December 2011 and reviewed information from stakeholders.

### What people told us

We received information about people's concerns with the service and the support being provided. Health care professionals told us about their individual experiences. Concerns had been raised within the local safeguarding forum following an alert being made. The local authority was in contact with the service about their concerns and the improvements needed to be made.

The concerns related to record keeping, missed calls and liaising with other professionals.

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

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

Systems are in place for monitoring the quality of the service. However, these arrangements have not been effective in ensuring that risks are well managed and people benefit from external support when necessary.

Overall we found that improvements were needed for this essential standard.

#### **Outcome 21: People's personal records, including medical records, should be accurate and kept safe and confidential**

People who use services cannot be confident that accurate records are maintained which protect their interests and ensure that they are not at risk because of a lack of appropriate information.

Overall we found that improvements were needed for 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. When we propose to take enforcement action, our decision 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**

In a previous review, we suggested that some improvements were made for the following essential standards:

- Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights
- Outcome 07: People should be protected from abuse and staff should respect their human rights

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 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

There are moderate concerns with Outcome 16: Assessing and monitoring the quality of service provision

#### Our findings

##### What people who use the service experienced and told us

We received information about people's experience of the service and how standards were being monitored. There were concerns for example about missed calls, which resulted in an individual not receiving their care.

The manager said the calls had shown on the system as having been being allocated to a carer; however it did not show on the carer's time sheet. The manager told us the fault had been reported to the software provider, although to date they could not identify the cause of the error. They added that they had put measures in place to ensure it never happened again. Manual checks had been put in place, a booking list was printed off and each carer had a copy of the time sheet.

The manager described how they had responded in writing to the relative of the individual following the complaint. Both social services and CQC had been informed of the concerns by the manager. The manager reported that all complaints received throughout the year would be included within the annual report, which was sent out to people who used the service.

We received concerns relating to lack of communication between the agency and other healthcare professionals, when people's needs had changed. A health care professional described how the community team had not been informed of changes to a person's needs, which could have placed the person at risk. The manager told us care staff were instructed to complete contact forms when they noticed that people's needs had changed and contact with external agencies would be required. She said staff were trained to recognise any possible potential risks to people. However, she felt that some experienced carers might feel that they could cope with situations themselves, as

they had been the main carer for a long time and had a good knowledge of the person's needs. The manager added that staff needed to be reminded of the importance of informing the office of any changes .

When auditing daily records the manager had identified a situation where the carer had not followed manual handling guidelines. Appropriate action had been taken to address this with the member of staff. The manager confirmed that all staff would be reminded of the importance of completing the contact form when additional intervention was required.

They added that they would ensure all messages and communication was documented.

#### **Other evidence**

The manager told us about the arrangements that were in place for assessing and monitoring the quality of the service. These included spot checks on the care staff. These usually took place four times a year unless there were particular concerns when checks would be increased. Spot checks formed part of the staff supervision process.

#### **Our judgement**

Systems are in place for monitoring the quality of the service. However, these arrangements have not been effective in ensuring that risks are well managed and people benefit from external support when necessary.

Overall we found that improvements were needed for this essential standard.

## Outcome 21: Records

### What the outcome says

This is what people who use services should expect.

People who use services can be confident that:

\* Their personal records including medical records are accurate, fit for purpose, held securely and remain confidential.

\* Other records required to be kept to protect their safety and well being are maintained and held securely where required.

### What we found

#### Our judgement

There are moderate concerns with Outcome 21: Records

#### Our findings

##### What people who use the service experienced and told us

We received information relating to people's concerns and the lack of well maintained and accurate records. This included care plans that did not reflect changes to people's needs and daily records, which lacked sufficient information to ensure the health, safety and welfare of people.

A health care professional described how records did not provide an accurate account of a person's needs. This included nutrition, fluid intake, skin integrity and mobility needs. The manager said that turn charts, fluid and nutrition charts were used by care staff when needed. She said that staff received training in basic nursing such as pressure care and nutrition. The manager showed us records which indicated a person had been eating and drinking and therefore a need for a fluid and nutrition chart had not been identified.

We discussed how the manager would ensure daily records detailed sufficient information to ensure any changes would be identified and clearly documented. This information would then be reflected within the care plan. The manager said she would develop more detailed daily records, which would be randomly audited.

Following from our last visit in September 2011 when we identified that care plans needed to be more detailed; the manager told us that in accordance with their previous action plan, they had recently reviewed all care plans. We saw an example of how care plans had been developed further to provide more detail about the delivery of care. The

manager told us care plans would be reviewed yearly or as the person's needs changed. Once changes had been made to a care plan it would be sent out to the person receiving the care and/or their representative. When agreed with the person the care plan would be signed and returned to the office. The manager said care staff also received a copy of the revised care plan. We saw that the manager had developed care plan tracking forms, which enabled her to keep a record of all care plans sent out and whether they had been agreed and signed.

**Other evidence**

The manager told us they planned to change the daily recording forms to allow for more detail to be documented. There had been concerns raised that staff had not recorded important information, such as changes in skin integrity, mobility and nutritional needs. The manager recognised that once the new forms had been developed she would ensure that all staff attended a training session on how to record information accurately and report accordingly. She said an attendance log would be maintained so she could ensure all staff received the information.

**Our judgement**

People who use services cannot be confident that accurate records are maintained which protect their interests and ensure that they are not at risk because of a lack of appropriate information.

Overall we found that improvements were needed for this essential standard

## Action we have asked the provider to take

### Compliance actions

The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

Regulated activity	Regulation	Outcome
Personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 16: Assessing and monitoring the quality of service provision
	<p><b>How the regulation is not being met:</b> Systems are in place for monitoring the quality of the service. However, these arrangements have not been effective in ensuring that risks are well managed and people benefit from external support when necessary. This is a breach of regulation 10(1)b</p>	
Personal care	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 21: Records
	<p><b>How the regulation is not being met:</b> People who use services cannot be confident that accurate records are maintained which protect their interests and ensure that they are not at risk because of a lack of appropriate information. This is a breach of regulation 20 (1) ab</p>	

The provider must send CQC a report that says what action they are going to take to achieve 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 to us within 14 days of the date that the final review of compliance report is sent to them.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

CQC should be informed in writing when these compliance 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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