

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

## Quality Care (North West) Limited

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We inspected the following standards as part of a routine inspection. This is what we found:

**Respecting and involving people who use services** ✓ Met this standard

**Care and welfare of people who use services** ✓ Met this standard

**Safeguarding people who use services from abuse** ✓ Met this standard

**Supporting workers** ✓ Met this standard

**Complaints** ✓ Met this standard

## Details about this location

Registered Provider	Quality Care (North West) Limited
Registered Manager	Mrs. Amanda Bradshaw
Overview of the service	Quality Care (North West) is registered with the Commission to provide personal care. This family run agency has been in operation since 1996 providing domiciliary care services within the borough of Pendle. The range of services provided includes personal care, domestic assistance and a sitting service. The agency office is staffed during the hours of 9:00 am to 5:00 pm, with a 24-hour on-call system for emergencies.
Type of service	Domiciliary care service
Regulated activity	Personal care

*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 29 November 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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People using the service told us they were satisfied with the care and support they received from Quality Care (North West). They said, "I think they are very good, we would be hard pressed to get anyone better" and "They do everything we want them to do, they give satisfaction".

People told us they were involved in planning their care and support package. They told us the care they received was good and that they had care plans which explained their needs and how their support should be provided.

People said they had been given information about the service, which provided useful information and contact details.

People considered they were treated with dignity and said their privacy was respected. They told us the staff were helpful, punctual and well trained. They had had no concerns about their care and treatment, they said felt safe with the staff. They described staff as "Friendly", "Cheerful" and "Good".

People told us they knew what to do if they had any complaints and were confident that any concerns would be resolved.

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 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 had opportunities to express their views and opinions about their care and support. This included being involved in making decisions about their individual care needs and choices. One person who used the service told us, "They involve me with things, they don't take over", another said, "They always explain and involve me".

All the people spoken with were aware of their individual care plans and indicated they had been involved with them. They said, "They originally went through the care plan with us" and "They went through the care plan line by line, things get done and discussed with us". Staff spoken with during the inspection told us how they involved people with day to day matters. We looked at care plans which showed people were being consulted with; we saw some people had signed in agreement with their plans.

We asked people about their dignity and privacy, they said, "They are very respectful", "They do indeed respect me and they respect their work" and "They respect my home". People indicated their independence was promoted, they told us, "They encourage me to be independent, they help me to be capable" and "I feel in control, I tell them what I need". Staff spoken with told us they encouraged people to make choices and be as independent as possible. They explained how they promoted privacy and dignity in response to people's individual needs and circumstances. We found people's care records were written in a respectful way and included information about their individual support needs, preferences, likes and dislikes.

People spoken with told us they had been provided with information about the agency, which made them aware of the services provided and gave contact details should they need to get in touch with managers or staff. One person said, "I have a brochure, its useful information. It includes the telephone numbers".

People spoken with considered the agency was good with time keeping and continuity. They told us, "They stay as long as needed, they are usually on time, but they let me know if they are going to be late" and "They stay for the correct time".

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

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**Reasons for our judgement**

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People spoken with during the inspection indicated they were satisfied with care and support they received from Quality Care (North West). They said, "The care is good I can't criticize that" and "They never neglect what needs to be done".

Care and support was planned and delivered in a way that ensured people's safety and welfare. Systems were in place to assist with the pre assessment process. We looked at care plans and found they included details of how people's needs were to be met during specific time periods. Staff spoken with considered the information in care plans provided them with sufficient instructions to meet peoples' needs. They were aware of people's needs and gave examples of how they delivered support. We found one care plan included unclear information relating to support with a topical cream, which meant staff may not have correct instructions on providing support. The manager agreed to pursue this matter.

We found risks to people's wellbeing and safety were being identified and managed, taking account of individual preferences and their right to take risks. We found people's risk assessments and care plans had been reviewed and updated in response to their changing needs. Records showed people's health and general wellbeing was regularly monitored.

There were arrangements in place to deal with foreseeable emergencies. Staff spoken with were aware of the emergency procedures, in particular reporting any matters arising to other agencies and the management team. The service had organisational policies and processes for dealing with various situations and keeping people safe. We found the accident and incident reporting procedures were included in the Staff Handbook.

**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 spoken with during the inspection had no worries about the care and support provided by Quality Care (North West). They said they felt safe with the service. They indicated they would speak up if they had concerns, one person commented, "I could talk to anyone and I would feel confident".

Information we hold about the service told us they had processes in place to help ensure allegations, incidents and suspicions of abuse were appropriately dealt with.

Staff spoken with expressed a good understanding of safeguarding and protection matters. They were aware of the services' safeguarding and protection policies and procedures. They knew what to do if they had any concerns and indicated they would have no hesitation in contacting the relevant agencies if required. Records and discussion showed arrangements had been made for staff to receive training in safeguarding, abuse and protection.

Policies and procedures were available in respect of safeguarding adults. They included details of the signs and indicators of the various types of abuse and neglect, along with procedures to follow on reporting suspicions, allegations and incidents of abuse. Action had been taken to ensure the appropriate referral contact details were included in the procedures.

We found the Staff Handbook included the safeguarding policies, the services' disciplinary and grievance procedures, the employee's code of conduct and the 'whistle blowing' (reporting poor practice) policy.

**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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People spoken with during the inspection made several positive comments about the staff providing care and support they said, "Most of the staff are far above average", "They are like friends", "I have a good regular helper, I am very satisfied", "They are very nice", "Some are very cheerful and "There's some cheeky banter, a lot of fun, but nothing disrespectful".

Staff received appropriate professional development. Processes were in place for new employees to undergo an initial induction training programme. This involved working alongside experienced staff and completing structured training on the agencies policies, procedures and codes of conduct. One person using the service said, "New staff do on the job training, but they always work with someone else". Employees then went on to complete a nationally recognised common induction standards training programme.

Care staff were supported to attain nationally recognised qualifications in health and social care. Records showed arrangements were in place for staff to receive regular training on various relevant topics. More specialised training was also provided in response to peoples' individual needs. Staff spoken with confirmed training and development was ongoing.

System were in pace for staff to receive supervision and appraisal. We found processes were in place for support workers to be formally monitored in the work place and to be supervised on a one to one basis. Some staff told us there were 'spot checks' on their work performance and appraisals. We found arrangements were being made for staff team meetings.

All staff spoken with considered the management team to be supportive and approachable; they told us they were happy working for the agency which they felt was well run.

**People should have their complaints listened to and acted on properly**

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**Our judgement**

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The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

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**Reasons for our judgement**

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People spoken with during the inspection told us they had no complaints about the services being provide. All indicated an awareness of the complaints system and how to raise concerns. They told us they would speak to someone and they were confident their complaints would be looked into. One person said, "I would ring the office and they would come and sort out". Another person said, "I would ring the office if I had any complaints, I would expect a response but if not I would go to Social Services".

We found the services' brochure made reference to the agencies' complaints procedure, which was included in the contract of terms and conditions. This explained the action people needed to take if raising a concern and how the issues would be investigated and responded to. There were policies available to support an effective response to any complaints and concerns.

The manager and staff spoken with were aware of the agencies complaints systems; they told us how they would respond should people using the service, or their representative make a complaint. We found there were systems in place for recording and managing complaints and concerns. The records seen showed complaints had been documented and matters investigated. Any action taken in response to results of complaints was recorded and followed up as appropriate. This meant any concerns would be taken seriously and appropriately dealt with.

## 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

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### Essential standard

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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)

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### Regulated activity

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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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