

Review of compliance

<p>Countywide Caring Limited Countywide Caring Limited - Domiciliary Care Office</p>	
Region:	South East
Location address:	The Old Coach House The Street, Crowmarsh Gifford Oxfordshire OX10 8EH
Type of service:	Rehabilitation services Domiciliary care service
Date of Publication:	March 2012
Overview of the service:	Countywide Caring Limited - Domiciliary Care Office is an agency providing support and personal care to people in their own homes. The agency supports people with needs arising due to age, physical or learning disability. The agency office has recently moved and is now at 7a, The Green South Warborough, OX10 7DR. The new

	telephone number is 08448002807. A registration process is under way in relation to the change of location.
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Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Countywide Caring Limited - Domiciliary Care Office 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 21 February 2012 and talked to people who use services.

What people told us

The people we spoke with told us they were happy with the support they received from the agency. We received positive comments about the service and staff. People said that their views and wishes were taken account of and staff listened to them.

What we found about the standards we reviewed and how well Countywide Caring Limited - Domiciliary Care Office 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

The agency involved people in the initial assessment of their support needs and the content of their care plan. People were also involved in subsequent reviews of their care plan.

Overall we found that Countywide Caring Limited was meeting this essential standard.

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

People generally experienced appropriate care which met their needs. They had been consulted about their needs and some of their wishes were documented. The care plans identified people's needs but contained varying levels of detail about how to meet them. Records suggested that care plans and other documents were not always regularly reviewed.

Overall we found that Countywide Caring Limited was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

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

The agency had systems in place to safeguard people from abuse. Concerns had been reported to the local safeguarding team and addressed.

Overall we found that Countywide Caring Limited was meeting this essential standard.

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

The needs of people looked after by the agency are met by competent staff. The agency has a programme of ongoing training, though this was not fully up to date. Staff attend regular supervision meetings and have regular appraisals. The care practice of staff is monitored through a programme of practice monitoring visits by senior staff.

Overall we found that Countywide Caring Limited was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

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

The views of the people supported by the agency were sought through regular surveys and via the complaints procedure, as well as by seeking individuals' views during care reviews. The manager had some management monitoring processes in place and the care practice of staff was monitored periodically.

Overall we found that Countywide Caring Limited was 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. 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

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

The people we spoke with told us they had been involved in the assessment of their needs by the agency and in the setting up of their care plan. They had been involved in subsequent reviews of their care plan. People said that the staff listened to their wishes and asked about how they liked things done.

One person told us that "they (the staff) always consult me" and another said "the manager of the agency had visited to do the assessment".

Other evidence

People approaching the agency to use its services were given a copy of the service user guide which had been reviewed in 2011. The document included information about the services provided by the agency and a summary of the complaints procedure.

The files we examined contained copies of assessments to identify the needs of the person being supported. We saw copies of contracts and summaries of care support plans signed by the person being supported, or their representative. The assessments made reference to individual wishes and preferences.

We saw some references in assessments and care plans to staff asking the person

being supported for guidance on their wishes about how care was to be given. One support plan clearly identified that the person would direct staff about this.

Our judgement

The agency involved people in the initial assessment of their support needs and the content of their care plan. People were also involved in subsequent reviews of their care plan.

Overall we found that Countywide Caring Limited was 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

The people we spoke with told us that the staff listened to them about their wishes.

One person described the agency as "the most wonderful service" and another said that "they are absolutely brilliant". We were told that staff "spend time ensuring they understand" and that "they use their initiative". People said they usually had regular staff from the agency which they liked. One person said that staff "always ring if they are running late" and another said "they go the extra mile". One person told us that the agency "often discussed her relative's care with her".

Other evidence

The agency provided support to 25 adults at the time of inspection. We looked at some of the care files and saw that each contained a copy of the initial assessment of needs. The files also contained a care plan and some risk assessments. Not every file we saw contained a completed risk assessment regarding the person's home. Where this was present it included a record of the servicing of support aids such as hoists, where these were being used. Some of the care plans contained more specific detail about how the person's care and support was to be provided than others. Where necessary, significant allergies were noted within care plans to ensure that staff were aware of these. The care plans noted any significant spiritual needs. The care plans identified instances where the person could manage some aspects of their care for themselves.

There was evidence that care plans were reviewed and that this had involved the person being supported. Ongoing evaluation notes about care plans were recorded.

The records in some files suggested gaps between the reviews of over 12 months for some documents. It was evident from the files that staff had worked with some difficult and challenging behaviour at times. Records had been put in place to document instances of particular behaviours to try to identify triggers for this. Documents on file suggested communication with relevant people to discuss the person's needs. However the training records supplied indicated that not all of the staff had attended training on managing challenging behaviour. The files contained copies of completed medication administration records where this was part of the support provided.

The staff we spoke with told us they had access to the care plan in each person's home and checked these regularly for recorded changes. They said that any changes to care plans were notified to them via text, email or telephone by the agency office staff. Staff explained how they tried to encourage people to continue to be involved in their own care wherever possible. They said that they usually had sufficient time available to do this.

Our judgement

People generally experienced appropriate care which met their needs. They had been consulted about their needs and some of their wishes were documented. The care plans identified people's needs but contained varying levels of detail about how to meet them. Records suggested that care plans and other documents were not always regularly reviewed.

Overall we found that Countywide Caring Limited was meeting this essential standard but, to maintain this, we suggested that some improvements were 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

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

People supported by the agency told us they felt safe when they were supported by the staff. One person told us her relative "felt safe with the staff".

Other evidence

The agency had a policy and procedure on safeguarding in place. The staff that we spoke with gave detailed and appropriate accounts of their role in responding to any safeguarding concerns. However, the sample of training records supplied during the inspection showed that some staff had not received an update of their safeguarding training for several years.

Two safeguarding matters had arisen in the previous 12 months not related to the care provided by the agency. They had been reported to the local authority safeguarding team and one was not deemed to be a safeguarding issue. Notes on file indicated that both had been investigated and addressed.

Our judgement

The agency had systems in place to safeguard people from abuse. Concerns had been reported to the local safeguarding team and addressed.

Overall we found that Countywide Caring Limited was meeting this essential standard.

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

There are minor concerns with Outcome 14: Supporting staff

Our findings

What people who use the service experienced and told us

The people we spoke with told us they were very happy with the staff who provided support to them. People felt the staff were competent and were aware they attended training related to their work. Staff were described as "very attentive" and "very caring".

Other evidence

At the time of inspection an overview of staff training was not available. The agency manager subsequently provided this information. The information provided showed that the agency had an ongoing programme of staff training. Training had been sourced from the local authority, computer-based courses and other providers. The records showed that some of the 13 staff had not received training updates in some subjects within the last two or three years. For example two staff had not had a health and safety update since 2004 and 2005. Two had not received an infection control update since 2008 and three since 2009. Three staff had not received an update to their safeguarding training since 2009. The manager had identified this and planned to bring the training up to date. Five staff had attained their National Vocational Qualification award (NVQ) to levels 2, 3 or 4 and two more were still undertaking their NVQ. The manager had NVQ level 4.

The staff we spoke with told us they had received a thorough induction when they started with the agency and had received ongoing training. Written records of induction were seen on staff files, together with training certificates. The induction record was based on a government approved standard. Some staff had received training on specialist care such as supporting feeding via a tube into the stomach.

The staff files we saw indicated that staff attended regular supervision meetings and performance appraisals and that these were recorded and signed. The care practice of the staff was monitored through practice observation visits by senior staff. These were documented on staff files. The staff files contained signed confirmation that the person had received a copy of the agency's employee handbook. The minutes of team meetings were detailed, The most recent meeting had been in December 2011 and the next one was scheduled for February 2012.

Our judgement

The needs of people looked after by the agency are met by competent staff. The agency has a programme of ongoing training, though this was not fully up to date. Staff attend regular supervision meetings and have regular appraisals. The care practice of staff is monitored through a programme of practice monitoring visits by senior staff.

Overall we found that Countywide Caring Limited was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

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

Most of the people we spoke with were aware that the care practice of staff was monitored periodically by senior management. Some told us about new staff 'shadowing' more experienced colleagues until they felt comfortable working alone. People told us they had been involved in reviews of their care and that their views were listened to. People were aware that there was a complaints procedure. One person had raised an issue which had been resolved satisfactorily.

Other evidence

The agency had a quality monitoring process by means of periodic surveys. The most recent survey had been undertaken between July and September 2011. Six completed survey forms were filed but the analysis sheet had not been completed. The surveys showed that most people who responded were happy with the service they had received. Ten people had responded to the previous survey in January 2011 and again most of the responses were positive.

As noted above the care practice of staff was monitored periodically and these monitoring visits were recorded. The agency had a complaints procedure of which people were notified. A number of complaints were noted in the agency's records. The outcome was not always recorded in detail but records showed that most had been resolved. The record only contained complaints since September 2011 so it was not clear whether any other complaints had been raised within the last 12 months. The manager had made some changes in response to complaints. The manager had some other monitoring tools in place including a checklist for monitoring the content of

personnel files and one for care files.

Our judgement

The views of the people supported by the agency were sought through regular surveys and via the complaints procedure, as well as by seeking individuals' views during care reviews. The manager had some management monitoring processes in place and the care practice of staff was monitored periodically.

Overall we found that Countywide Caring Limited was 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
	<p>Why we have concerns:</p> <p>People generally experienced appropriate care which met their needs. They had been consulted about their needs and some of their wishes were documented. The care plans identified people's needs but contained varying levels of detail about how to meet them. Records suggested that care plans and other documents were not always regularly reviewed.</p>	
Personal care	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 14: Supporting staff
	<p>Why we have concerns:</p> <p>The needs of people looked after by the agency are met by competent staff. The agency has a programme of ongoing training, though this was not fully up to date. Staff attend regular supervision meetings and have regular appraisals. The care practice of staff is monitored through a programme of practice monitoring visits by senior staff.</p>	

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 to us within 14 days of the date that the final review of compliance report is sent to them.

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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