

Review of compliance

<p>Harcombe Valley Care Limited Harcombe Valley Care Limited</p>	
Region:	South West
Location address:	Trusley 3 Manstone Close Sidmouth Devon EX10 9TZ
Type of service:	Domiciliary care service
Date of Publication:	September 2012
Overview of the service:	<p>Harcombe Valley Care Ltd is registered to provide personal care, primarily to support older people who want to retain their independence and continue living in their own home. They provide a domiciliary care service to people living in the Sidmouth area. At the time of this inspection they provided personal care to 58 people.</p>

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

Our current overall judgement

Harcombe Valley Care Limited was meeting all the essential standards of quality and safety inspected.

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 4 July 2012, checked the provider's records, looked at records of people who use services, talked to staff and talked to people who use services.

What people told us

We carried out a themed inspection looking at domiciliary care services. We asked people to tell us what it was like to receive services from this agency as part of a targeted inspection programme of domiciliary care agencies with particular regard to how people's dignity was upheld and how they could make choices about their care. The inspection team was led by a CQC inspector and joined by an Expert by Experience, who has personal experience of using or caring for someone who uses this type of service.

We visited three people in their own home as part of this review and we also spoke with a relative who called into the agency office while we were there. The purpose of our discussions with people, and their relatives, was to find out about their experiences of the support they had received. We spoke with four senior staff and one care worker during our visit to the agency office. We met one care worker during our visits to people who received a service. We also spoke with 15 people who received a service from this agency over the telephone.

People praised the service they received. Comments included "Very, very good", and "They went the second mile".

People told us their care was personalised to suit their individual preferences and choices. Their care workers understood their individual health and personal care needs and the way they wanted the tasks to be carried out. They assured us that personal care tasks were carried out in a dignified and private manner. Their care plans had been drawn up in consultation with them and had been regularly reviewed. The agency had asked people the names they preferred to be known by.

People said that care workers always arrived on time, or very close to the time they were expected to arrive. They told us they had good communication with the provider and all members of the agency office, and they would have no hesitation in ringing the office if they had any concerns.

Care and treatment was planned and delivered in a way that ensured people's safety. We heard examples where care workers had checked regularly for signs of health problems and had acted immediately to notify relevant health professionals when concerns were noted. We also saw evidence of this in the records of the care provided on each visit. Relatives told us this gave them confidence that they could go out, or carry on with other things they needed to do, safe in the knowledge that their loved ones were being cared for by competent care workers. Comments included "I can count on them."

What we found about the standards we reviewed and how well Harcombe Valley Care Limited 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 provider was meeting this standard. People's privacy, dignity and independence were respected.

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

The provider was meeting this standard. People experienced care, treatment and support that met their needs and protected their rights.

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

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.

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

The provider was meeting this standard. People were cared for by staff who had received training and support to deliver care and treatment safely and to an appropriate 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

The provider was meeting this standard. The provider had effective systems in place to regularly assess and monitor the quality of service that people received. People's views were valued and acted upon where necessary to ensure the standard of service was continually improved.

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.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that 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.

A moderate impact means that 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.

A major impact means that 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.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

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 understood the care and treatment choices available to them and they were involved in making decisions about their care and treatment. They told us they had been visited by the provider and a senior care worker before the agency began providing a service. Their care needs had been discussed fully with them, any risks has been assessed, and a care plans had been drawn up and agreed with them.

People who used the service were given appropriate information and support regarding their care or treatment. They had been given information about the agency including the service user guide, and also information about other services locally they may find useful. People told us their care was personalised to suit their individual preferences and choices. Their care workers understood their individual health and personal care needs and the way they wanted the tasks to be carried out. They told us they were happy with the way the care workers spoke to them, and listened to them.

All of the people we visited, and everyone we spoke with on the telephone, told us that personal care tasks were carried out in a dignified and private manner. The agency had asked people the names they preferred to be known by and in the care plans we looked at we saw that this had been recorded.

Other evidence

Was privacy and dignity respected?

We looked at four care plans. These provided information about how each person wanted the tasks to be carried out, and instructed the care workers to offer choice, promote independence, and respect dignity. For example "Ask if there is anything else required." We also saw evidence of instructions explaining how to respect dignity when supporting people with intimate personal care tasks.

We saw evidence to show that care workers were given instructions and training on how to respect people privacy and dignity. The training manager provided evidence of induction training that included this topic. The provider also gave us copies of their best practice guidance for care workers on client choice, consent, and dignity in home care. Care workers we spoke with explained how they ensured people received care in a private and dignified manner. For example, a senior member of staff gave us an example of one person who had requested that care workers did not wear a uniform when visiting them. The agency had agreed to this request.

Were people involved in making choices and decisions about their care?

A senior care worker explained the procedures they followed when they received a new referral. This included a visit to each person to assess their needs and agree how they wanted the care to be provided before the service began. They showed us evidence of the range of information they gathered from each person to ensure they understood their needs fully, and how they wanted the tasks to be carried out. They also recorded the times people wanted to receive visits, and the length of the visits.

We saw that people had signed a time sheet each week to confirm the care workers had arrived and left at the correct times. This showed that the agency had sought confirmation from people that they had received visit from care workers at the agreed times, and for the correct length of visit.

Our judgement

The provider was meeting this standard. People's privacy, dignity and independence were respected.

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

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

People told us they had a small group of care workers who visited them regularly. One person said they had received visits from a larger number of care workers than they had expected. However, they said they knew all of the care workers who had visited, and were satisfied with the way the care had been delivered.

We heard that new care workers had been introduced personally by the provider or a senior care worker before they visited them on a regular basis. We heard examples where new care workers had worked alongside experienced care workers for up to three visits until everyone was confident the care worker fully understood the person's needs and could carry out all care tasks satisfactorily. People said this meant they were confident they always received a visit from a care worker they knew, and who understood their needs and how they wanted the care to be provided. A relative told us "Routine is everything – that's her safety blanket".

People told us their care needs had been reassessed regularly and the care plan had been updated when necessary.

People knew who would be visiting them, and the day and times of the visits. They said that very occasionally care workers had been running late, and in these instances they had received a telephone call from the agency office to explain. We were shown copies of the weekly timetables they had received to let them know who would be visiting, and what time, and they had appreciated this information. They also told us they had never experienced a missed call, and the care workers usually arrived on time. This showed

that people received a reliable service.

We also heard that the care workers always offered to carry out any additional tasks requested, for example, prescription collection. This showed that the service was flexible to meet individual needs.

People told us they were confident the care workers were experienced and trained and were able to recognise and take appropriate action if the person showed signs of illness. Relatives told us this gave them confidence that they could go out, or carry on with other things they needed to do, safe in the knowledge that their loved ones were being cared for by competent care workers. Comments included "I can count on them."

During a visit we observed a person being assisted to move using a hoist. The care worker carried out the task in a safe and professional manner. The person told us they felt completely confident that the care workers had been well trained and knew how to use the equipment safely. The person's care plan gave instructions on how to use the equipment safely.

Other evidence

Assessment of people's needs

We looked at four care plan files. We saw detailed assessments completed before the service began covering all aspects of their health and personal care needs. The care plans had been regularly reviewed with each person and the plans were updated where required.

Risk assessments were completed for most tasks listed in the care plans. These had been reviewed at the same time as the care plans were reviewed. The risk assessments set out the measures that were necessary to reduce or eliminate the risks for people.

Care Planning

The care plans we looked at provided clear and detailed information on most care needs. Where care tasks were complex, required the use of equipment, or special training, most care plans provided sufficient detail to ensure the care workers received information and instructions on every task they were required to carry out. The agency had liaised with health professionals where necessary, and they had discussed and agreed procedures to be followed.

Audit procedures carried out by the agency included a review of best practice guidelines relating to policies and procedures and this information was then delivered to the care workers in training and written guidance. This showed that the agency had procedures in place to ensure care was delivered in line with current guidance and best practice.

Delivery of care

We saw evidence in the daily records completed by care workers that care had been delivered in accordance with the care plans. Care workers told us they never felt rushed, and they always had time to complete all care tasks necessary. They always asked people if they needed any other assistance. They said they were introduced to new people before they visited for the first time and this meant that they were confident they had a very good understanding of each person's care needs, and how they wanted

the tasks to be carried out.

Senior members of the agency staff team told us they good links with local health and social care professionals. They explained how they regularly sought advice and worked closely with professionals to ensure people received the care they needed.

We saw evidence in the care plans that care workers had been instructed on how to maintain good hygiene and infection control when carrying out all personal care tasks. People told us that care workers always followed good hygiene procedures, for example, changing gloves before and after each task.

Our judgement

The provider was meeting this standard. People experienced care, treatment and support that met their needs and protected their rights.

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

All of the people we visited or spoke with told us they felt safe and their wellbeing was being looked after.

People said they would not hesitate to contact the agency if they had any concerns. They knew the provider and senior members of the staff team, and were confident they could raise any concerns at any time.

Other evidence

Preventing abuse

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. For example, the training manager gave us evidence of the training given to every member of staff on how to protect people from the risk of abuse. This included instructions and information during their induction, and also ongoing training. Care workers had received information in the staff handbook on this topic at the start of their employment. They had also received fact sheets, watched videos, and held group discussions during training sessions.

Two care workers we spoke with told us they had received training and updates on how to protect people from abuse. They were able to describe the action they would take if they had any concerns about potential abuse.

Good procedures were in place to ensure people were protected from the risk of

financial abuse. We saw evidence of recording systems for care workers when handling cash or valuables, for example when carrying out shopping. Senior care staff we spoke with described how information relating to access and entry to people's homes was treated in a safe and secure manner.

Raising concerns

We saw information in people's care plan files giving names contact details of the agency and managers. People told us they knew how to contact the agency if they had any concerns.

A senior member of the agency team described the procedures they would follow to notify relevant agencies, including the Care Quality Commission of serious incidents or allegations of abuse. This means that people could be confident that serious complaints or concerns would be passed to the correct authorities to be investigated following nationally agreed protocols and procedures.

The agency gave us information that showed they had recently reviewed their whistle blowing policy to ensure it was in line with current good practice guidelines.

Our judgement

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.

Outcome 14: Supporting workers

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 workers

Our findings

What people who use the service experienced and told us

People praised the care they received from the care workers. They told us the care workers were competent and well trained.

Other evidence

Development, supervision and appraisal

Care workers received individual and group supervision. During our visit several care workers called in to the office. We were told that care workers regularly visited the office to deliver time sheets, collect equipment, or to seek advice or support. Care workers told us they felt well supported and could ring or visit the office at any time.

The provider gave us evidence of supervision self evaluation forms, and we saw examples of completed forms. Care workers were asked to complete these forms to raise any work related issues for discussion.

Training

The agency's training manager explained the induction training given to every new care worker at the start of their employment. They carried out an assessment of each new care worker's knowledge and experience, and then tailored their induction training to suit their individual needs. A range of training methods were used, including questionnaires, work books, and shadowing experienced care workers, to ensure all care workers had a basic level of knowledge and competence in all areas of care before they began working on their own. The induction training followed nationally recognised standards.

We also saw evidence, and heard about, ongoing training for all care workers on all health and safety related topics, and other topics relevant to their care including safeguarding and medicine administration. The provider gave us a copy of their record of training. Specific training had been provided on topics relevant to the specific health and personal care needs of the people they provided personal care to. Care workers and senior care workers we spoke with told us they had received good training from the agency and gave examples of recent training they had attended including dementia awareness, manual handling and fire precautions. Comments included "We have been given all the training we need".

Our judgement

The provider was meeting this standard. People were cared for by staff who had received training and support to deliver care and treatment safely and to an appropriate 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

People told us they were asked periodically for their opinions about the service they received. They told us they sometimes received a visit from the provider or a senior care worker to check on the care being provided.

People said they were confident they could always contact the agency at any time to request a change, or to raise concerns. They said the provider and senior members of the team were always willing to listen and take action. One person said they had a slight 'niggle' in the past. They contacted the agency and it had been sorted out straight away. This showed that the agency had listened to people's views and acted on them

Other evidence

Monitoring quality

We looked at the way the agency ensured that people received the care and support they needed in a safe manner, and that their privacy and dignity was always protected. Senior members of the agency staff team described the range of procedures they followed to check the quality of the services they provided. These included spot check visits to observe care, ensure care needs were being met, and to check that care workers arrived and left each person on time.

The agency sent out questionnaires to people in 2011 and these had been collated and we were shown evidence of the results. We were told that people had been given information about the outcome of their quality monitoring procedures and the actions they had taken to address any areas where improvements were necessary. An example

of this was an improvement to the billing procedures. We were told that the agency had purchased new computer software to enable them to produce accurate bills on a regular basis. Therefore, the agency had used their learning to make improvements that had a positive impact for people.

Care workers told us they were able to raise any suggestions, comments or concerns with the provider or senior members of staff and they were confident their opinions were always listened to and valued.

Risk assessment and management

The agency contacted people within the first week of the service beginning to check they were satisfied with the service. We saw evidence to show that people had been visited at least once a year to review their care plans and individual risk assessments. Care workers told us they were confident that all care plans were regularly reviewed and up to date and therefore gave clear guidance about how to meet people's needs.

We heard that senior care workers and members of the providers' family who were part of the management team often carried out care visits, covering for care workers during periods of annual leave or sickness. This gave them opportunity to review people's care needs, and also to check that people were satisfied with the service.

Complaints

We were shown a record of compliments received by the agency. A senior member of staff told us the agency had received no formal complaints in the last year. They said they always aimed to act promptly on any minor issues raised by people to prevent problems escalating.

Care workers told us the agency was well run. They said they enjoyed their jobs, and felt proud of the service provided by the agency. They told us they had never heard any negative comments from the people they visited, or from health or social care professionals about the agency. On the other hand, they had heard examples of compliments from health professionals about the agency.

Audit procedures were in place to ensure the agency monitored and reviewed the way they captured people's views. This included records of all phone calls and conversations with staff and clients or their representatives, to include records of any concerns.

Our judgement

The provider was meeting this standard. The provider had effective systems in place to regularly assess and monitor the quality of service that people received. People's views were valued and acted upon where necessary to ensure the standard of service was continually improved.

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.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. 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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