

# Review of compliance

Care at Home (Wearside) Limited	
<b>Region:</b>	North East
<b>Location address:</b>	13, Grange Terrace, Sunderland, Tyne and Wear.
<b>Type of service:</b>	Domiciliary Care Service
<b>Date the review was completed:</b>	February 2010
<b>Overview of the service:</b>	Care at Home (Wearside) Limited is a domiciliary care service. It provides services across the Sunderland area. The service is registered with the Care Quality Commission for the regulated activity of personal care.

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

## What we found overall

**We found that Care at Home (Wearside) Limited was not meeting one or more essential standards. Improvements are needed.**

The summary below describes why we carried out the 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 27<sup>th</sup> January 2011, talked to people who use services, talked to staff, checked the provider's records, and looked at records of people who use services.

### What people told us

People who use the service were asked how they feel about it and the staff who look after them. Their comments include "they tailor care around my needs", "they involve me and know what my needs are", and "they really look after me". A relative was positive about the service and said the staff were "good" and "kind".

### What we found about the standards we reviewed and how well Care At Home (Wearside) Limited was meeting them

**Outcome 1: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run**

We found that people using the service were treated with respect by staff and offered choices about their support.

Overall, we found that Care At Home (Wearside) Limited was meeting this essential standard.

**Outcome 2: Before people are given any examination, care, treatment or support, they should be asked if they agree to it**

We found that people who use the service have care and support that they agree to.

Overall, we found that Care At Home (Wearside) Limited was meeting this essential standard.

**Outcome 4: People should get safe and appropriate care that meets their needs and supports their rights**

We found that the quality of recording within the care plans observed during our visit to be generally satisfactory.

Overall, we found that Care At Home (Wearside) Limited was meeting this essential standard.

**Outcome 5: Food and drink should meet people's individual dietary needs**

We found that the people who use the service are supported to have adequate food and drinks.

Overall, we found that Care At Home (Wearside) Limited was meeting this essential standard.

**Outcome 6: People should get safe and coordinated care when they move between different services**

We found that the service cooperates with others involved in the care and support of people who use this service.

Overall, we found that Care At Home (Wearside) Limited was meeting this essential standard.

**Outcome 7: People should be protected from abuse and staff should respect their human rights**

We found that the people who use the service are protected from abuse or the risk of abuse.

Overall, we found that Care At Home (Wearside) Limited was meeting this essential standard.

**Outcome 8: People should be cared for in a clean environment and protected from the risk of infection**

At the time of our visit, the service did not provide specific written information to people who use the service regarding infection control, and does not have an annual report/statement regarding infection control.

Overall, we found that Care at Home (Wearside) Limited was meeting this essential standard but, to maintain this, we have suggested that some improvements are made.

**Outcome 9: People should be given the medicines they need when they need them, and in a safe way**

We found that the service handles medicines safely and appropriately.

Overall, we found that Care At Home (Wearside) Limited was meeting this essential standard.

**Outcome 10: People should be cared for in safe and accessible surroundings that support their health and welfare**

We found that the service ensures that people who work in the office are safe and that any risks are identified.

Overall, we found that Care At Home (Wearside) Limited was meeting this essential standard.

**Outcome 11: People should be safe from harm from unsafe or unsuitable equipment**

We found that the service has procedures in place to ensure that equipment is used correctly and safely, and meets the needs of people who use the service.

Overall, we found that Care At Home (Wearside) Limited was meeting this essential standard.

**Outcome 12: People should be cared for by staff who are properly qualified and able to do their job**

We found that the service has effective recruitment procedures and checks in place. Overall, we found that Care At Home (Wearside) Limited was meeting this essential standard.

**Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs**

We found that there was enough staff to meet the needs of the people who use the service at the time of our visit.

Overall, we found that Care At Home (Wearside) 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**

We found that most staff have completed some mandatory training relevant to their roles. However, there are gaps in staff training in the areas of infection control, food hygiene, first aid, Mental Capacity Act and Deprivation of Liberty. There was no evidence to show that staff have had training in dementia care, which would help meet the needs of the people who use the service.

Overall, we found that improvements are needed for this essential standard.

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

We found that the service does not monitor the quality of care and support in some areas.

Overall, we found that improvements are needed for this essential standard.

**Outcome 17: People should have their complaints listened to and acted on properly**

We found that the service responds to and resolves, where possible, complaints in an appropriate way.

Overall, we found that Care At Home (Wearside) Limited was meeting this essential standard.

**Outcome 20: Notification of other incidents**

We found that some safeguarding notifications had not been made to the Care Quality Commission. Since our visit to the service, we have now been notified of these notifications.

Overall, we found that Care at Home (Wearside) Limited was meeting this essential standard but, to maintain this, we have suggested that some improvements are made.

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

The service provides accurate and appropriate information relating to the care of people who use the service and staff employed by the service. These records are stored appropriately and securely.

Overall, we found that Care At Home (Wearside) Limited was meeting this essential standard

**Action we have asked the service to take**

We have asked the provider to send us a report within 10 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.

**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 1: 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 1: Respecting and involving people who use services

### Our findings

**What people who use the service experienced and told us**  
People who use the service were asked how they feel about it and the staff who look after them. Their comments include " they tailor care around my needs", "they involve me and know what my needs are", and "they really look after me". A relative was positive about the service and said the staff were "good" and "kind".

**Other evidence**  
The service told us that people who use the service and their relatives are involved in decisions about their care, kept informed and are treated with dignity and respect. The service completes staff observations and surveys involving people who use the service and their relatives to ensure that this happens.

We reviewed the results of these surveys. They show people who use the service and their relatives are kept informed about their care and treated with respect. A survey completed in December 2010 shows that 95.90% of people who use the service said they were always treated with respect.

During our visit to the service we observed four care records of people who use the service. We found that care plans included details of personal preferences and recording about how to maintain the individual's dignity.

**Our judgement**

We found that people using the service were treated with respect by staff and offered choices about their support.

# Outcome 2: Consent to care and treatment

## What the outcome says

This is what people who use services should expect.

People who use services:

- Where they are able, give valid consent to the examination, care, treatment and support they receive.
- Understand and know how to change any decisions about examination, care, treatment and support that has been previously agreed.
- Can be confident that their human rights are respected and taken into account.

## What we found

### Our judgement

**The provider is compliant** with outcome 2: Consent to care and treatment

### Our findings

**What people who use the service experienced and told us**  
People who use the service were asked how they feel about it and the staff who look after them. Their comments include “ they tailor care around my needs”, "they involve me and know what my needs are", and "they really look after me". A relative was positive about the service and said the staff were "good" and "kind".

**Other evidence**  
The service told us that people who use their service have care and support that they agree to. Following completion of a person’s care plan they are requested to consent to this care and support by signing relevant documents. Written consent is also obtained when supporting people who use the service with their medications.

During our visit to the service, we examined the care records of four people. We found that written consent had been obtained regarding care and medication support.

**Our judgement**

We found that people who use the service have care and support that they agree to.

# Outcome 4: 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 4: Care and welfare of people who use services

### Our findings

**What people who use the service experienced and told us**  
People who use the service were asked how they feel about it and the staff who look after them. Their comments include “ they tailor care around my needs”, “they involve me and know what my needs are”, and “they really look after me”. A relative was positive about the service and said the staff were “good” and “kind”.

**Other evidence**  
The service told us that it plans, supports and delivers care that meets people’s individual needs.

During our visit, we examined the care records of four people who use the service and spoke to three of these people. The records showed that a range of assessments, including risk assessments were completed to reflect people's current needs. There was also information to show that care plans have been amended to reflect changing needs.

The staff we spoke with were knowledgeable about people’s individual needs and preferences. We observed that staff were pleasant and courteous, and delivered or supported care that matched with people’s care plans.

**Our judgement**

We found that the quality of recording within the care plans observed during our visit to be generally satisfactory.

# Outcome 5: Meeting nutritional needs

## What the outcome says

This is what people who use services should expect.

People who use services:

- Are supported to have adequate nutrition and hydration.

## What we found

### Our judgement

**The provider is compliant** with outcome 5: Meeting nutritional needs

### Our findings

**What people who use the service experienced and told us**  
People who use the service were asked how they feel about it and the staff who look after them. Their comments include “ they tailor care around my needs”, “they involve me and know what my needs are”, and “they really look after me”. A relative was positive about the service and said the staff were “good” and “kind”.

**Other evidence**  
This service is not responsible for providing a catering service. If it is part of a care package, the service does support people who use the service by preparing meals and snacks, and ensuring this food and drink is consumed.

During our visit to the service we examined four care records and found that one had a risk assessment relating to support with preparing meals which was appropriate for that person’s care needs.

**Our judgement**  
We found that the people who use the service are supported to have adequate food and drinks.

# Outcome 6: Cooperating with other providers

## What the outcome says

This is what people who use services should expect.

People who use services:

- Receive safe and coordinated care, treatment and support where more than one provider is involved, or they are moved between services.

## What we found

### Our judgement

**The provider is compliant** with outcome 6: Cooperating with other providers

### Our findings

**What people who use the service experienced and told us**  
People who use the service were asked how they feel about it and the staff who look after them. Their comments include “ they tailor care around my needs”, “they involve me and know what my needs are”, and “they really look after me”. A relative was positive about the service and said the staff were “good” and “kind”.

**Other evidence**  
Information provided by the Local Authority shows that the service cooperates with them in the areas of safeguarding and planning care for the people who use the service.  
During our visit we examined the care records of four people who use the service. The records showed the involvement of health and social care professionals in people’s care. This involvement included input from care managers.

**Our judgement**  
We found that the service cooperates with others involved in the care and support of people who use this service

# Outcome 7: 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 7: Safeguarding people who use services from abuse

### Our findings

**What people who use the service experienced and told us**  
People who use the service were asked how they feel about it and the staff who look after them. Their comments include “ they tailor care around my needs”, "they involve me and know what my needs are", and "they really look after me". A relative was positive about the service and said the staff were "good" and "kind".

**Other evidence**  
The service told us that they have procedures in place, complete staff recruitment checks and staff training, and work closely with other agencies such as the Local Authority to ensure that people who use the service are protected from abuse or risk of abuse.

Since August 2010 the service has introduced robust procedures regarding handling of the finances of people who use the service. Staff we spoke to could tell us about these procedures and their role in ensuring the finances of people who use the service were protected.

During our visit we spoke to staff who confirmed that they had completed training in safeguarding. They could tell us what they would do if they suspected that a person who was using the service was being abused. They also told us that they felt

confident to raise any such concerns with senior management and these would be acted upon.

The service told us that 98.59% of staff has completed safeguarding training.

Appropriate notifications of safeguarding concerns have been made to the Local Authority. However, some of these notifications had not been made to the Care Quality Commission. Since our visit to the service, we have now been notified of these notifications.

**Our judgement**

We found that the people who use the service are protected from abuse or the risk of abuse.

# Outcome 8: Cleanliness and infection control

## What the outcome says

Providers of services comply with the requirements of regulation 12, with regard to the *Code of Practice for health and adult social care on the prevention and control of infections and related guidance*.

## What we found

### Our judgement

**There are minor concerns** with outcome 8: Cleanliness and infection control

### Our findings

**What people who use the service experienced and told us**  
People who use the service were asked how they feel about it and the staff who look after them. Their comments include “ they tailor care around my needs”, "they involve me and know what my needs are", and "they really look after me". A relative was positive about the service and said the staff were "good" and "kind".

**Other evidence**  
The service told us that it has policies in place regarding infection control. There is also a lead person within the service with responsibility for infection control.

At the time of our visit, the service did not provide specific written information to people who use the service regarding infection control. The manager intends to incorporate this information into the service user guide.

8.45% of staff have completed infection control training in the past twelve months. This is a low percentage of staff. However, the manager explained that he has given priority to training in other areas such as safeguarding, as this was identified as a greater training need by the organisation.

The service does not have an annual report/statement regarding infection control.

**Our judgement**

At the time of our visit, the service did not provide specific written information to people who use the service regarding infection control, and does not have an annual report/statement regarding infection control.

# Outcome 9: Management of medicines

## What the outcome says

This is what people who use services should expect.

People who use services:

- Will have their medicines at the times they need them, and in a safe way.
- Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

## What we found

### Our judgement

**The provider is compliant** with outcome 9: Management of medicines

### Our findings

**What people who use the service experienced and told us**  
People who use the service were asked how they feel about it and the staff who look after them. Their comments include “ they tailor care around my needs”, “they involve me and know what my needs are”, and “they really look after me”. A relative was positive about the service and said the staff were “good” and “kind”.

**Other evidence**  
The service told us that it has procedures in place for managing the medication of people who use the service. These procedures also inform staff about their responsibilities when supporting people with their medication. The service completes staff training to ensure that this happens. 97% of staff has completed medication training.

During our visit to the service we examined a sample of care records and found that they have plans in place to encourage and support people to take their medication, and it is appropriately recorded.

**Our judgement**  
We found that the service handles medicines safely and appropriately.

# Outcome 10: Safety and suitability of premises

## What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

- Are in safe, accessible surroundings that promote their wellbeing.

## What we found

### Our judgement

**The provider is compliant** with outcome 10: Safety and suitability of premises

### Our findings

**What people who use the service experienced and told us**  
People who use the service were asked how they feel about it and the staff who look after them. Their comments include “ they tailor care around my needs”, “they involve me and know what my needs are”, and “they really look after me”. A relative was positive about the service and said the staff were “good” and “kind”.

**Other evidence**  
The service told us that their office complies with relevant legislation such as the Health and Safety at Work Act. The office has a landlord who ensures that regular maintenance inspections such as electrical appliances and fire safety equipment are carried out. Health and safety risk assessments and a planned preventative maintenance programme is in place.

During our visit to the office we found that it was in a good state of repair and decoration. It is accessible via an intercom system and all rooms have either keypad entry or kept locked when unattended to ensure the safety and security of the people who work there.

There was evidence to show that electrical appliances and fire safety equipment have been regularly tested and maintained.

**Our judgement**

We found that the service ensures that people who work in the office are safe and that any risks are identified.

# Outcome 11: Safety, availability and suitability of equipment

## What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

- Are not at risk of harm from unsafe or unsuitable equipment (medical and non-medical equipment, furnishings or fittings).
- Benefit from equipment that is comfortable and meets their needs.

## What we found

### Our judgement

**The provider is compliant** with outcome 11: Safety, availability and suitability of equipment

### Our findings

**What people who use the service experienced and told us**  
People who use the service were asked how they feel about it and the staff who look after them. Their comments include “ they tailor care around my needs”, “they involve me and know what my needs are”, and “they really look after me”. A relative was positive about the service and said the staff were “good” and “kind”.

**Other evidence**  
The service is registered to provide personal care in a person’s own home only. The service told us that any equipment required is supplied and maintained by the Local Authority. There are procedures in place to follow if equipment requires repair. Appropriate risk assessments relating to equipment are completed.

During our visit to the service we examined four care records and found that one had a risk assessment relating to hoisting equipment which was appropriate for that person’s care needs.

91.54% of staff have completed moving and handling training which includes the safe use of hoisting equipment.

**Our judgement**

We found that the service has procedures in place to ensure that equipment is used correctly and safely, and meets the needs of people who use the service.

# Outcome 12: Requirements relating to 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 staff who are fit, appropriately qualified and are physically and mentally able to do their job.

## What we found

### Our judgement

**The provider is compliant** with outcome 12: Requirements relating to workers

### Our findings

**What people who use the service experienced and told us**  
People who use the service were asked how they feel about it and the staff who look after them. Their comments include “ they tailor care around my needs”, “they involve me and know what my needs are”, and “they really look after me”. A relative was positive about the service and said the staff were “good” and “kind”.

**Other evidence**  
The service told us that they have recruitment procedures and checks in place to ensure staff are of good character with appropriate qualifications, skills and experience. The service completes checks, in the form of a compliance database, to ensure that this happens.

During our visit to the service, we examined a random sample of staff files. The records contained necessary recruitment information including proof of identity, application forms with details of previous employment history, references from suitable sources, contracts of employment, and enhanced Criminal Records Bureau checks . The service has procedures to follow in relation to completing a risk assessment when a Criminal Records Bureau check shows police convictions. During our review of staff files we observed that one such risk assessment had been completed appropriately and correctly.

At the time of our visit the service was not using agency staff.

**Our judgement**

We found that the service has effective recruitment procedures and checks in place.

# Outcome 13: Staffing

## 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 sufficient numbers of appropriate staff.

## What we found

### Our judgement

**The provider is compliant** with outcome 13: Staffing

### Our findings

**What people who use the service experienced and told us**  
People who use the service were asked how they feel about it and the staff who look after them. Their comments include “ they tailor care around my needs”, “they involve me and know what my needs are”, and “they really look after me”. A relative was positive about the service and said the staff were “good” and “kind”.

**Other evidence**  
The service does not have a manager registered with the Care Quality Commission. The current manager told us that he is applying to register with the Care Quality Commission.

During our visit, we discussed staffing levels with the manager and reviewed rotas to obtain information about the numbers of staff employed by the agency. The manager told us that carer team managers are responsible for completing staff rotas and maintaining continuity and consistency of staff for the people who use the service. The service ensures that the same staff support and deliver care to the same people and stay their allocated time, whenever possible. A customer survey completed in December 2010 confirms that this happens. 88.48% of people who use the service confirmed that carers stay their allocated time, and 95.87% of carers document their arrival and departure times.

We spoke to people who use the service and their relatives and they confirmed that care and support is usually delivered by the same carers.

The manager was able to discuss how staff sickness is managed within the service.

**Our judgement**

We found that there was enough staff to meet the needs of the people who use the service at the time of our visit.

# 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

**There are minor concerns** with outcome 14: Supporting workers

### Our findings

**What people who use the service experienced and told us**  
People who use the service were asked how they feel about it and the staff who look after them. Their comments include “ they tailor care around my needs”, “they involve me and know what my needs are”, and “they really look after me”. A relative was positive about the service and said the staff were “good” and “kind”.

**Other evidence**  
The service told us that they provide staff with training, supervision and appraisals.

During our visit to the service, we examined a sample of staff training records. The records contained details of training that had been undertaken and certificates that have been awarded. Courses provided in the last year included induction for new staff, and training in safeguarding, fire awareness, medication and moving and handling. Information provided by the service did show some gaps in staff training. These were in the areas of infection control, food hygiene, first aid, Mental Capacity Act and Deprivation of Liberty. There was no evidence to show that staff have had training in dementia.

Information provided by the service showed that 88.73% of staff have had an annual appraisal and 94.36% of staff have had formal supervisions.

**Our judgement**

We found that most staff have completed some mandatory training relevant to their roles. However, there are gaps in staff training in the areas of infection control, food hygiene, first aid, Mental Capacity Act and Deprivation of Liberty. There was no evidence to show that staff have had training in dementia care, which would help meet the needs of the people who use the service.

# 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**  
People who use the service were asked how they feel about it and the staff who look after them. Their comments include “ they tailor care around my needs”, “they involve me and know what my needs are”, and “they really look after me”. A relative was positive about the service and said the staff were “good” and “kind”.

**Other evidence**  
During our review of this service we found that it has some processes and information to show that it meets this outcome. The service completes customer satisfaction surveys and a compliance database.

The most recent customer survey completed in December 2010 shows that 72.62% of people who use the service were very satisfied with the care they receive, and 27.35% were quite satisfied.

During our visit, we examined the care records of four people who use the service. The records showed that a range of assessments, including risk assessments were completed to reflect people's current needs.

However, information provided by the service shows that audits of care plans, medication charts and risk assessments have not been completed. Only a small number of service user reviews have been completed.

**Our judgement**

We found that the service does not monitor the quality of care and support in some areas.

# Outcome 17: Complaints

## What the outcome says

This is what people should expect.

People who use services or others acting on their behalf:

- Are sure that their comments and complaints are listened to and acted on effectively.
- Know that they will not be discriminated against for making a complaint.

## What we found

### Our judgement

**The provider is compliant** with outcome 17: Complaints

### Our findings

**What people who use the service experienced and told us**  
People who use the service were asked how they feel about it and the staff who look after them. Their comments include “ they tailor care around my needs”, “they involve me and know what my needs are”, and “they really look after me”. A relative was positive about the service and said the staff were “good” and “kind”.

**Other evidence**  
The service told us that it had a complaints procedure in place and information regarding the handling of complaints is available in the service user guide. A copy of this guide is given to every person who uses the service.

During our visit we were informed that the service has two complaints on going. These complaints are stored within a central database. There is no separate register of complaints. We reviewed the on going complaints and found that they were being resolved appropriately and within the required timescales.

**Our judgement**  
We found that the service responds to and resolves, where possible, complaints in an appropriate way.

# 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

**The provider is compliant** with outcome 21: Records

### Our findings

**What people who use the service experienced and told us**  
People who use the service were asked how they feel about it and the staff who look after them. Their comments include “ they tailor care around my needs”, “they involve me and know what my needs are”, and “they really look after me”. A relative was positive about the service and said the staff were “good” and “kind”.

**Other evidence**  
We observed the care records of four people who use the service. The records showed that, overall, there was accurate and appropriate information relating to the care of people who use the service.  
We also examined a sample of staff files who were on duty at the time of the visit. The records contained appropriate recruitment information including proof of identity, application forms with details of previous employment history, references from suitable sources and enhanced Criminal Records Bureau checks.

Both care and staff records were stored appropriately and securely. The service has appropriate arrangements in place for the safe destruction of paperwork when it is appropriate to do so.

**Our judgement**

Overall, the service provides accurate and appropriate information relating to the care of people who use the service and staff employed by the service. These records are stored appropriately and securely.

# Outcome 20: Notification of other incidents

## What the outcome says

This is what people who use services should expect.

People who use services can be confident that:

- Important events that affect their welfare, health and safety are reported to the Care Quality Commission so that, where needed, action can be taken.

## What we found

### Our judgement

**There are minor concerns** with outcome 20: Notification of other incidents.

### Our findings

**What people who use the service experienced and told us**  
People who use the service were asked how they feel about it and the staff who look after them. Their comments include “ they tailor care around my needs”, "they involve me and know what my needs are", and "they really look after me". A relative was positive about the service and said the staff were "good" and "kind".

**Other evidence**  
Appropriate notifications of safeguarding concerns have been made to the Local Authority. However, some of these notifications had not been made to the Care Quality Commission. Since our visit to the service, we have now been notified of these notifications.

**Our judgement**  
We found that some safeguarding notifications had not been made to the Care Quality Commission. Since our visit to the service, we have now been notified of these notifications.

## 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	12	Outcome 8: Cleanliness and infection control.
	<b>Why we have concerns:</b> At the time of our visit, the service did not provide specific written information to people who use the service regarding infection control, and does not have an annual report/statement regarding infection control.	
Personal care	18	Outcome 20: Notification of other incidents.
	<b>Why we have concerns:</b> We found that some safeguarding notifications had not been made to the Care Quality Commission.	

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

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

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

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

## 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	10	Outcome 16: Assessing and monitoring the quality of service provision.
	<p><b>How the regulation is not being met:</b> We found that the service does not monitor the quality of care and support in some areas.</p>	
Personal care	23	Outcome 14: Supporting workers.
	<p><b>Why we have concerns:</b> We found that most staff have completed some mandatory training relevant to their roles. However, there are gaps in staff training in the areas of infection control, food hygiene, first aid, Mental Capacity Act and Deprivation of Liberty. There was no evidence to show that staff have had training in dementia care, which would help meet the needs of the people who use the service.</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 this report being received.

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 Adult 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

<b>Document purpose</b>	Review of compliance report
<b>Author</b>	Care Quality Commission
<b>Audience</b>	The general public
<b>Further copies from</b>	03000 616161 / <a href="http://www.cqc.org.uk">www.cqc.org.uk</a>
<b>Copyright</b>	Copyright © (2010) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.

## Care Quality Commission

<b>Website</b>	<a href="http://www.cqc.org.uk">www.cqc.org.uk</a>
<b>Telephone</b>	03000 616161
<b>Email address</b>	<a href="mailto:enquiries@cqc.org.uk">enquiries@cqc.org.uk</a>
<b>Postal address</b>	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA