

Review of compliance

Mr Joseph Jellie and Mr Jeremy Wilkinson t/a A to Z
Comprehensive Community Carers
A to Z Comprehensive Community Carers

Region:	Yorkshire & Humberside
Location address:	1st Floor, 29-31 Falsgrave Road Scarborough North Yorkshire YO12 5EA
Type of service:	Domiciliary care service Supported living service
Date of Publication:	June 2012
Overview of the service:	A to Z Comprehensive Community Carers provide personal care and support to people living in their own homes.

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

Our current overall judgement

A to Z Comprehensive Community Carers 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 17 May 2012, looked at records of people who use services, talked to staff and talked to people who use services.

What people told us

We spoke with three people who used the service and one relative of a person who used the service. People told us they were consulted about their care and that their preferences were listened to and acted upon. They told us they received the care they needed and that the staff took time to explain what they were there to help with. They told us staff did not rush. One person told us, 'My carer understands what I need and will be flexible according to how I feel each day.' Another person told us, 'I can trust my carer, she always explains what she is going to do and I feel secure with her.'

What we found about the standards we reviewed and how well A to Z Comprehensive Community Carers 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 views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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

The provider was meeting this standard. People's needs were assessed and care and treatment was planned and delivered in line with their individual care plans.

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 were supported 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 a system in place to regularly assess and monitor the quality of service that people receive.

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

We spoke with three people who received support from the service and asked how they were consulted about their care. They told us they were involved in making decisions about the support they received and that they were included in reviews. They told us that they had been consulted over restrictions which may be put in place because of risk. They also told us that staff worked flexibly with them so that if they needed extra support, this could be arranged. All the people we spoke with told us they were treated with respect.

Other evidence

People who use the service understood the care and treatment choices available to them; they expressed their views and were supported in promoting their independence and community involvement.

We looked at the assessments and care plans for four people who used the service. These addressed individual support needs and were reviewed monthly to ensure people's changing needs were addressed. Plans were written in the first person and were clearly taken from people's spoken instructions about the care they needed. They were detailed and included individual likes, dislikes and preferences about the way care was delivered. This ensured people received the care that was important to them. Any

concerns people raised with actions taken were documented. These records showed that people had been consulted about their concerns and had received feedback about what the service would do to put things right.

Staff told us their training had covered treating people with respect and involving them in decisions about their care. We also saw a policy about how to treat people with respect and regard for dignity.

Our judgement

The provider was meeting this standard. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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

We spoke with three people who used the service and one relative of a person who used the service. They told us the staff understood their care needs and that they had taken time to get to know their choices and preferences. They told us they had agreed to their care plans. One person told us, 'My carer is fantastic, X really knows what I need and will always stay a bit longer if I'm not feeling well.' A relative of a person receiving the service told us, 'The carer was very good at recognising when (my relative) wasn't well and got in touch with the GP straight away.'

Other evidence

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plans.

We looked at three care plans with associated documentation. Needs assessments and care plans had been completed with the person. There was valuable information about the person, their likes and dislikes, their personality and what was important to them including interests and significant relationships. They were written in a way which placed the person in the centre of importance regarding their care.

Specialists had been consulted where necessary to ensure people had the benefit of expert advice and knowledge. For example, there was evidence of occupational therapist advice being sought and discussion with a district nurse was documented. Evidence was also seen of research the service had carried out into the needs of people with specific medical conditions so that tailored care could be offered. Family

and other involved people were also documented. This showed that the service understood the support networks around each person and could contact relevant people with concerns or for advice.

The plans were not routinely signed by the person to show agreement but the people we spoke with said they had been consulted. Care plans were updated to reflect changing needs. Care notes showed that the manager and staff had up to date knowledge of each person's needs and worked flexibly to ensure current care needs were met. Risk assessments were included where needed and were specific to each individual to minimise the risk of harm.

Staff told us they were encouraged to talk with people on a day to day basis to find out what they needed. They said they could vary the tasks according to health or particular requests. This ensured that care was delivered in a flexible and responsive way.

Our judgement

The provider was meeting this standard. People's needs were assessed and care and treatment was planned and delivered in line with their individual care plans.

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

We spoke with three people who all said they felt safe with staff from the service and felt that their welfare was protected.

Other evidence

The training manager told us that all staff had received safeguarding training. We saw the records for four members of staff and these confirmed this. There was also written evidence of a safeguarding policy. We spoke with two members of staff and they could explain what they should do to protect people if they suspected abuse.

We saw evidence that the manager had referred relevant issues to the local authority safeguarding team for investigation. The provider may find it useful to note that she had not also notified CQC as required so that we could also take suitable steps to protect people. She is now aware of the requirement to do this.

The manager told us that all money which staff handled was recorded. Records were seen of money handled for one person and these were up to date with receipts kept for all spending. The service had a policy for the safe handling of people's money. Staff said they knew how to record any spending to ensure people's money was handled safely and that proper records were kept.

We saw evidence of Criminal Records Bureau checks for staff. This ensured that the service did not employ any member of staff who was known to be unsuitable to work with vulnerable people.

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 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

The provider is compliant with Outcome 14: Supporting staff

Our findings

What people who use the service experienced and told us

We spoke with people but they did not make comment about this outcome area.

Other evidence

Staff received appropriate professional development.

We looked at the training records for four members of staff. We saw that each of these had a learning and development plan in place. The service had recently employed a training manager who had developed a new system for staff training. All staff were completing an updated induction programme which covered the principles of person centred planning. This is an approach which ensures each person is consulted and that the care they receive is based upon their individual preferences and choices. We saw written evidence that staff had completed all core training with relevant specialist training to ensure they could offer appropriate support.

We spoke with two members of staff. They told us they had received up to date training. They also told us they had a training profile so that they could maintain updated training in all required areas.

Staff told us that they had received supervision and that they could also approach the manager with any concerns on a daily basis. They told us the manager was positive in her approach and that they had confidence in her ability to support them to ensure people using the service were assisted appropriately. We saw evidence of supervision notes. These showed that staff were supported to develop professionally and to receive the training to offer suitable care.

Our judgement

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

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 that the manager and staff often asked them their opinion of the service both informally and formally through written surveys. People said that the manager was good at listening to any concerns or complaints and that she did her best to put things right.

Other evidence

The manager told us that she sent out regular surveys to canvas the opinion of people who received the service. We saw surveys and picked out ten to examine in detail. The manager told us she contacted any person who raised a concern to ensure it was put right. She gave an example of a concern which had been raised, and the action which had been taken. The provider may find it useful to note that the result of this was not recorded for future reference; however, we spoke to a person who confirmed that their concern had been addressed to their satisfaction.

The manager told us that the results of surveys were fed back at staff meetings, through the newsletter and in memos sent out to staff. The manager also told us that staff meetings were used to discuss practice issues, training, staffing issues and any concerns or complaints raised by people who use the service. Minutes of staff meetings were seen with written evidence that the quality of service was discussed and acted on.

The training manager told us that he carried out monthly spot checks on staff work, through direct observation, which formed part of staff supervision. These checks also

included tracking the written care for the person whose home he visited, and would also include checking medication, risk assessments, and daily notes. We saw evidence of these spot checks which ensured that the provider was monitoring the quality of service. The training manager also told us that he was developing an audit tool to ensure policies and procedures were up to date. The provider may find it useful to note that regular audits to monitor quality across a broader range of areas had not yet been formalised. This meant that the manager may not always have comprehensive information on which to base her plans for improvements to the service.

We saw written evidence that the quality of service was also monitored through assessing the risks associated with the delivery of care such as; the use of moving and handling equipment, the environment and other risks for example those around ensuring a person received the correct prescribed medication.

We saw written evidence that professionals had been consulted to ensure that people received a service to meet their needs. Such advice was recorded in the four care plans we looked at and in daily notes. Evidence included consultation with general practitioners, district nurses, an occupational therapist and a physiotherapist.

Our judgement

The provider was meeting this standard. The provider had a system in place to regularly assess and monitor the quality of service that people receive.

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

Document purpose	Review of compliance report
Author	Care Quality Commission
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Care Quality Commission

Website	www.cqc.org.uk
Telephone	03000 616161
Email address	enquiries@cqc.org.uk
Postal address	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA