

Review of compliance

Royal Mencap Society Southampton and New Forest RDS

Region:	South East Region
Location address:	Admiral House, 43 High Street, Fareham, Hampshire, PO16 7BQ
Type of service:	Domiciliary Care Service
Publication date:	June 2011
Overview of the service:	<p>Admiral House is the main Mencap office in Hampshire from which this Domiciliary Care Service operates. The Southampton RDS service covers the Southampton, Eastleigh, New Forest areas.</p> <p>The service is provided to people who live with their parents and also people who live in supported living accommodation.</p>

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

What we found overall

We found that Southampton and New Forest RDS was meeting all the essential standards of quality and safety we reviewed.

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, including specific information we asked for as part of the review. We carried out a visit to the office on 09 May 2011, talked to people that use the service and their relatives by telephone. We also spoke with three staff over the telephone.

What people told us

We reviewed all the information we hold about this provider, including specific information we asked for as part of the review. We carried out a visit to the office on 09 May 2011, the agency carried out a survey for the compliance review and we have used the results from the 12 people who responded and talked to relatives by telephone. We also spoke with three staff over the telephone.

What we found about the standards we reviewed and how well Southampton and New Forest RDS 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

People are enabled to express their views as far as they are able to, and are involved in making decisions about their care and support.

- Overall, we found that Southampton and New Forest RDS 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

There is evidence to show that those using the service gave consent to their care and were able to make choices about how care is provided.

- Overall, we found that Southampton and New Forest RDS was meeting this essential standard.

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

Although people experienced individual, appropriate care and support that met their needs the care records were not always up to date to ensure they reflected current needs.

- Overall, we found that Southampton and New Forest RDS was meeting this essential standard but, to maintain this, we suggested that some improvements were made

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

People were supported with their nutritional needs according to their assessment and care plan.

- Overall, we found that Southampton and New Forest RDS was meeting this essential standard.

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

The service works in cooperation with other agencies when necessary to ensure that people who use the service receive the care and support they need.

- Overall, we found that Southampton and New Forest RDS was meeting this essential standard.

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

Systems are in place to train staff in recognising and responding to signs of abuse which promotes people's safety.

- Overall, we found that Southampton and New Forest RDS was meeting this essential standard.

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

People were protected against the risk of infections by appropriate standards of cleanliness and hygiene.

- Overall, we found that Southampton and New Forest RDS was meeting this essential standard.

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

Although effective systems and staff training are in place to ensure that people receive appropriate support with their medicines to meet their individual needs, the medication care plans were not always up to date to ensure they reflected current needs.

- Overall, we found that Southampton and New Forest RDS was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

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

The service operates from premises that are safe, accessible and fit for purpose.

- Overall, we found that Southampton and New Forest RDS was meeting this essential standard.

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

The agency has systems in place to ensure that people who use the service receive suitable equipment to meet their needs and minimise risks.

- Overall, we found that Southampton and New Forest RDS was meeting this essential standard.

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

The recruitment procedures together with staff induction and training mean that staff are competent to undertake the work for which they are employed.

- Overall, we found that Southampton and New Forest RDS 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

The agency ensures that there are sufficient and suitably qualified staff available at all times to meet the needs of people who use the service.

- Overall, we found that Southampton and New Forest RDS was meeting this essential standard.

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

Good procedures were in place for supporting staff, such as regular supervision, appraisals and informal support that is readily available

- Overall, we found that Southampton and New Forest RDS was meeting 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

There were procedures in place to monitor the quality of the service provided. A range of approaches were used to ensure that aspects of the service were checked to assess the standard being delivered.

- Overall, we found that Southampton and New Forest RDS was meeting this essential standard.

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

People could be sure their comments and complaints were listened too and acted upon.

- Overall, we found that Southampton and New Forest RDS was meeting this essential standard.

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

The agency ensures that records relating to people who use the service are accurate, held securely and remain confidential.

- Overall, we found that Southampton and New Forest RDS was meeting this essential standard.

Action we have asked the service to take

We found that Southampton and New Forest RDS was fully compliant with 14 of the 16 essential standards of quality and safety.

For two of the essential standards we have noted we have minor concerns and have set improvement actions for these areas.

Other information

Please see previous review reports for more information.

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
The majority of the people surveyed by the agency stated that they had received information about the agency before they began providing support. They stated they are involved in making decisions about the care they received and that their privacy, dignity, and independence was respected. They said the staff always discussed their care with them and any changes needed were recorded and acted upon.
People said they completed questionnaires on an annual basis.

Other evidence
During our visit we saw records showing that agreed care arrangements were monitored and reviewed according to people’s changing needs.

The service carries out an annual survey called “What matters to me.” The survey has pictures and symbols to assist people who use services understand the

questions. The organisation analyses the information and produces a report. The last survey was carried out in December 2010.

Stakeholder surveys seeking views from care managers, general practitioners, family and friends are also carried out at the same time. One of the surveys we viewed from the specialist learning disability team stated that the 'support was very good and enabled the person to remain in their own home'.

For people who are in supported living arrangements the service holds regular tenants meetings to talk about any issues they may have. We viewed minutes from one meeting which was attended by people who use the service and staff. The minutes detailed up and coming events, individual issues and concerns and discussions about procedures such as fire evacuation.

Each person who uses the service are given a handbook. We viewed one of the handbooks and found that it provided information on the support the person would receive in terms of the amount of hours and the type of support. It also details the standards the person can expect from the service and information about their support, including how the person can make a complaint. The information is supported by pictures to assist their understanding.

Our judgement

People are enabled to express their views as far as they are able to, and are involved in making decisions about their care and support. On the basis of the evidence provided and the views of the people using the service we found the service to be compliant with this outcome.

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
The majority of the people surveyed by the agency stated that they had been consulted about the service provided. Ten out of the twelve people surveyed stated they had consented to the care being provided.

Other evidence
We were informed when we visited the main office in Fareham that peoples' choice about their care and how they would like it delivered is detailed in the needs assessment which feeds into the support plans and risk assessments. We saw copies of the needs assessment in people's care files.

Most staff that we spoke with had received training in the Mental Capacity Act and were aware of capacity to consent issues. They were able to describe what they would do if a person refused care or was not able to consent to their care.

Copies of peoples' care files are kept in the main office and people have a copy of their own care file in their home unless they state they don't want to.

Our judgement

There is evidence to demonstrate that people using the service gave consent to their care and were able to make choices about how care is provided. On the basis of the evidence provided and the views of the people using the service we found the service to be compliant with this outcome

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 protect their rights.

What we found

Our judgement

There are minor concerns
with outcome 4: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us
All of the people surveyed by the agency stated they were either happy or very happy with the care they received. Ten out of twelve people stated that they were aware of their support plan. Most people stated that they are encouraged to make choices for themselves and that the support was provided to them when needed.

We spoke with a number of relatives. Although they were happy with the service provided by Mencap, some expressed concern about the change in the Mencap contract when it was reviewed by Southampton City Council and a new provider was awarded some of the support hours. Relatives told us they were unhappy with the new provider as they believed the quality and quantity of the support provided to their son or daughter had deteriorated. Several people surveyed wrote additional comments on their survey form about how they would like more support to be provided to them. One person wrote they were not happy with the restructure.

One relative told us they were very happy with the care their relative received and stated it was 'a brilliant set up' where their relative lived.

Other evidence
Staff told us that care was well planned so that people received a flexible but

consistent service that reflected their individual needs. Staff told us that they hold three monthly reviews with people to discuss their goals and achievements and any changes to their support.

Staff told us that changes to peoples' needs were dealt with promptly and communicated well amongst the team so that they always knew if a person's needs had changed before they visited them.

Care files that we viewed were detailed and written in a person centred way. Support plans described the level of support needed and what the person was able to do for themselves. The plans were signed and dated. Risk assessments and behavioural plans were also in place.

The service operates a key working system and each person receiving support has an allocated key worker. Staff spoken with told us they hold three monthly reviews to discuss with the person their support plan and any changes. The records viewed showed in some cases people's needs had not been reviewed on a three monthly basis. We saw some support plans and risk assessments that had not been reviewed for a considerable amount of time. Three support plans dated back to 2009 with no evidence of a review. We spoke with the new area manager as part of the compliance review. The area manager told us that she had visited the main office and seen that some care records had not been updated and told us that action was being taken to ensure the care records were brought up to date.

Our judgement

Although people experienced individual, appropriate care and support that met their needs, the care records were not always up to date to ensure they accurately reflected their current needs. On the basis of the evidence provided and the views of the people using the service we found the service to be compliant but, to maintain this, we suggested that some improvements were made.

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
The survey conducted by the agency did not ask for people’s views on this outcome.

Other evidence
Staff were able to describe in detail how they would provide support to people to meet their nutritional needs. They told us that care plans clearly state who is at risk and how to support them.

The care files that we viewed contained an allergy pen picture which described the type of allergy relating to food, what reaction the person would have and the action to be taken.

Support plans were in place for eating and drinking. Records we saw showed that people were asked about their nutritional needs such as special diets which were recorded.

Our judgement
People were supported with their nutritional needs according to their assessment and care plan. On the basis of the evidence provided we found the service to be compliant with this outcome.

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
The survey conducted by the agency did not ask for people’s views on this outcome. Relatives that we spoke with generally felt that they were involved in their son or daughter’s care.

Other evidence
In discussions with staff it was clear that the agency has good relationships with both health and social care professionals. Examples included good and open communication with care managers, specialist learning disabilities teams and with the local day service where some of the people they supported attended.

We were shown the computer based system that logs medical appointments for people using the service and flags when an update is due.

Our judgement
The service works in cooperation with other agencies when necessary to ensure that people who use the service receive the care and support they need. On the basis of the evidence provided we found the service to be compliant with this outcome.

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
All the people surveyed by the agency stated that they feel safe when they are being supported by the staff from the agency. As a general rule relatives spoken with told us they had confidence in the staff team to meet their son or daughter's needs, but were concerned about the recent changes in management. One relative stated that the previous manager was 'doing a good job'.

Other evidence
We were informed when we visited the main agency office that all staff received training at induction and attended an annual update on safeguarding. They said that assessments were carried out on people using the service to highlight the risk of any potential. The assessments were monitored and reviewed regularly.

All the staff that we spoke to said they had received training in safeguarding vulnerable adults. They were clear about their responsibilities for reporting abuse.

Our judgement
Systems are in place to train staff in recognising and responding to signs of abuse which promotes people's safety. On the basis of the evidence provided and the views of the people using the service we found the service to be compliant with this outcome.

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

The provider is compliant
with outcome 8: Cleanliness and infection control

Our findings

What people who use the service experienced and told us
The survey conducted by the agency did not ask for people’s views on this outcome

Other evidence
Our discussions with staff showed they had enough supplies of disposable gloves and aprons and used them appropriately when undertaking personal care.

Training in the prevention and control of infection is provided as part of the induction programme. We were informed that it provides staff with a basic awareness about the prevention and control of infection.

Contingency plans are in place, to ensure that if there is an outbreak of swine flu and staff are off sick people will receive the support they require.

We were told that the organisation is introducing an annual check on infection control which is an audit for managers to carry out to ensure they are meeting the prevention and control of infection code of practice.

Our judgement
People were protected against the risk of infections by appropriate standards of cleanliness and hygiene. On the basis of the evidence provided we found the service to be compliant with this outcome

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
There are minor concerns with outcome 9: Management of medicines

Our findings
<p>What people who use the service experienced and told us The survey conducted by the agency did not ask for people’s views on this outcome</p> <p>Other evidence The care files that we viewed showed that each person had a medication care plan which identified the level of support the person needed. Two of the care plans viewed showed no evidence of being reviewed since 2009.</p> <p>The medication plan for people who take their medication independently includes the person’s consent to how much support they want to receive with the management of their medicines. There are detailed steps about what the staff need to do to provide the right support.</p> <p>Guidelines for medicines that are prescribed “as required” (PRN) are in place. They contained details such as the reason for the medication, how it is administered, the support needed, the side effects and the maximum and minimum dose.</p> <p>Each person has a medication pen pictures that has the medication name, the dose given, what the tablet looks like and the time and number to be administered.</p>

Risk assessments were also seen on peoples' care files for medication. They were signed and the records showed they were reviewed.

Staff files we reviewed showed that staff had received training in the management and administration of medicines. .

Our judgement

Although effective systems and staff training are in place to ensure that people receive appropriate support with their medicines to meet their individual needs, the medication care plans were not always up to date to ensure they reflected current needs. On the basis of the evidence provided we found the service to be compliant but, to maintain this, we have suggested that some improvements were made.

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
The survey conducted by the agency did not ask for people’s views on this outcome

Other evidence
The head office is on a main road in Fareham which is accessible by car and public transport. There are also satellite offices in Eastleigh and Southampton that the agency mainly operates from on a day to day basis.

Copies of all the care plans are kept in both the satellite offices and the main office in Fareham.

People we spoke with did not tell us anything about the safety and suitability and we did not find any areas of non compliance.

Our judgement
The service operates from premises that are safe, accessible and fit for purpose. On the basis of the evidence provided we found the service to be compliant with this outcome.

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 The survey conducted by the agency did not ask for people’s views on this outcome
Other evidence We were informed when we visited the agency’s main office that the agency works with the housing association and occupational therapist in obtaining suitable equipment to meet people’s needs. For example obtaining community grants to enable people who required additional support to have their bathrooms converted to wet rooms. We saw evidence on people’s care files of risk assessments that had been carried out in relation to people’s own homes.
Our judgement The agency has systems in place to ensure that people who use the service receive suitable equipment to meet their needs and minimise risks. On the basis of the evidence provided we found the service to be compliant with this outcome.

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
Relatives told us that they had confidence in the provider to undertake the necessary recruitment checks before employing staff.

Other evidence
Information we received from the provider stated that they operate a recruitment system that follows their corporate policies and procedures. This included all prospective staff being subject to a full Criminal Record Bureau (CRB) check, application forms being completed and interviews being held. They told us that all new staff undergo a full induction and training programme that is accredited through Skills for Care. Staff confirmed this with us and told us they had been interviewed and references were taken up prior to their employment.

We looked at the recruitment files for staff and they contained all of the appropriate recruitment information and copies of the recruitment checks carried out.

We were told when we visited the main agency's office that the organisation has introduced a two day training course for people who use services to become involved in the recruitment process. They are part of the interview panel and have their own set of questions. So far 30 people have been trained and there is a waiting list for people to go on the training.

Our judgement

The recruitment procedures together with the staff induction and training programme mean that staff are competent to undertake the work for which they are employed. On the basis of the evidence provided and the views of the people using the service we found the service to be compliant with this outcome.

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 the agency surveyed stated that staff were friendly, polite and courteous. One person stated that 'all staff are lovely'. Eleven out of the twelve people surveyed felt that staff provided care in a person centred way.

Other evidence
We were informed when we visited the agency's main office that staffing levels were monitored to ensure that there were sufficient staff to deliver the service.

Staff told us their work was coordinated in a way that enabled them to meet peoples' needs without rushing. They said they were usually allocated work within a geographical area which meant that time was not wasted travelling between jobs. We were told that staff travelling times were in addition to the allocated support hours provided to people who use the service.

The agency also has a relief staff bank to provide cover during sickness and annual leave. There are also contingency plans in place to respond to epidemics such as swine flu to ensure that people will continue to receive support.

Our judgement

The agency ensures that sufficient and suitably qualified staff are available at all times to meet the needs of people who use the service. On the basis of the evidence provided and the views of the people using the service we found there to be minor concerns with this outcome.

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
All the people surveyed by the agency felt the staff had the necessary skills and abilities to meet their particular needs. Relatives told us they thought staff were well trained and always acted in a professional and competent manner.

Other evidence
Information we received from the provider stated that staff receive training appropriate for their role and the needs of the people who are being supported.

Staff told us they had regular supervision and annual appraisals and this was evidenced in staff files.

We were told that the organisation has just introduced a new supervision and appraisal system called 'shape your future' and is a new way of monitoring staff performance. The emphasis is on how to support the member of staff to reach their full potential. The process involves quarterly meetings and a monthly reporting system to monitor staff performance. The system is a computer based programme.

Staff told us that all their mandatory training was kept up to date and there were opportunities to undertake other training to support them in their roles.

Staff files contained information about the recent training they had undertaken. This

included first aid, manual handling, diversity, medication awareness, safeguarding update, infection control and fire. The organisation has a computer based programme which records all staff training and flags up when training updates are due. The manager can then book staff on the training they require.

Our judgement

Good procedures, such as regular supervision and appraisals, were in place for supporting staff, and informal support is readily available. On the basis of the evidence provided and the views of the people using the service we found there to be minor concerns with this outcome.

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
Eight people surveyed by the agency rated the quality and standard of the care provided as excellent and four people rated it as good. Relatives were generally happy with the quality of provision provided by the agency's staff. However, they did have concerns about the quality of provision provided by the other organisation who were recently awarded part of the contract to provide support.

Other evidence
The agency carries out annual surveys for people who use the service and other stakeholders, such as care managers and general practitioners, family and friends. The surveys have pictures and symbols to support understanding. The information was collated into a report by the organisation. We saw some responses from the last survey carried out in December 2010 and generally people were satisfied with the service they received.

The agency has regular tenants meeting to enable people to raise concerns or discuss issues.

We saw that the agency had systems and procedures in place for reporting any incidents and/or accidents and informing staff what to do in an emergency. There is also a complaints procedure that is made available and in an accessible format for people who use the service.

The agency has to complete an annual quality assessment framework for the local authority in respect of the supported living services they provide support to.

Currently the agency does not have a registered manager. The area manager informed us that they have been appointed to manage the agency and will be submitting their application to register.

We spoke with the area manager about the concerns raised by relatives over the changes to the Mencap contract. The area manager stated that a new provider was awarded the housing related support contract and that Mencap has maintained the social, emotional and support contract. She stated they had spent a lot of time with the new provider handing over information to ensure people's support needs were known. She also stated that they were aware of the concerns from relatives and had informed the local authority.

Our judgement

There were procedures in place to monitor the quality of the service provided. A range of approaches were used to ensure that aspects of the service were checked to assess the standard being delivered. On the basis of the evidence provided and the views of the people using the service we found the service to be compliant with this outcome.

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
<p>What people who use the service experienced and told us As a general rule people surveyed by the agency stated that they did know how to make a complaint or voice a concern. Other comments made were they would tell somebody or speak with their support worker or manager.</p> <p>Other evidence Information we received from the provider stated that the organisation has clear policies and procedures outlining the complaints process and timescales for a response.</p> <p>The complaints process is in both a written and pictorial form to make the process more accessible to the people the agency supports. We were informed that people have a copy of the complaints process in their homes.</p> <p>We viewed the complaints log which recorded the details of the complaint, names of people who had received and were investigating the complaint the outcome and action to be taken with the dates.</p> <p>Our judgement</p>

People could be sure their comments and complaints were listened too and acted upon. On the basis of the evidence provided and the views of the people using the service we found the service to be compliant with this outcome.

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 surveyed by the agency stated they received copies of key documents, such as assessment of their needs, support plans, risk assessments and health plan, when they requested them, these included. Six out of the twelve people surveyed rated the quality of the documents and the information they contained as excellent and five people rated them as good and one person did not answer.

Other evidence
All copies of people’s records are kept at the main office. The originals are kept in people’s own homes, we were told that some people chose not to keep their care records in their homes and this is respected.

We saw that some peoples support plans are not kept under regular review, the new area manager has told us that this is being addressed.

All the records in the agency’s main office were seen to be stored securely.

The agency is aware of the regulations about informing us of any incidents that are relevant under the notifications guidance.

Our judgement

The agency ensures that records relating to people who use the service are accurate, held securely and remain confidential. On the basis of the evidence provided and the views of the people using the service we found the service to be compliant with this outcome.

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		4 – Care and welfare
	Why we have concerns: Although people experienced individual, appropriate care and support that met their needs the care records were not always up to date to ensure they reflected current needs. On the basis of the evidence provided and the views of the people using the service we found the service to be compliant but, to maintain this, we suggested that some improvements were made.	
Personal care	13	9 – Management of Medicines
	Why we have concerns: Although effective systems and staff training are in place to ensure that people receive appropriate support with their medicines to meet their individual needs, the medication care plans were not always up to date to ensure they reflected current needs. On the basis of the evidence provided and the views of the people using the service we found the service to be compliant but, to maintain this, we suggested that some improvements were made.	

What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These

enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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