

Review of compliance

Methodist Homes Rowanberries	
Region:	Yorkshire & Humberside
Location address:	3 Baldwin Lane Bradford Yorkshire BD14 6PN
Type of service:	Domiciliary care service Extra Care housing services
Date of Publication:	December 2011
Overview of the service:	<p>Rowanberries Domiciliary Care Agency operates within the Rowanberries Housing with Care Complex in the village of Clayton, about three miles from Bradford City centre.</p> <p>The agency is part of an integrated care scheme, which aims to support older people, some with dementia to live as independently as possible within their</p>

	<p>own home.</p> <p>The agency is contracted by Bradford Social Services to provide the service on a block contract basis.</p>
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Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Rowanberries was meeting all the essential standards of quality and safety.

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 25 November 2011, observed how people were being cared for, looked at records of people who use services, talked to staff and talked to people who use services.

What people told us

People told us that they were very happy with the care and support provided by the agency and said that staff were kind, considerate and caring. They also said that staff provided care and support in line with their agreed care plan and always respected their right to privacy and dignity.

What we found about the standards we reviewed and how well Rowanberries 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

People are encouraged to make decisions and choices about how their care and treatment is provided and their privacy, dignity and human rights are respected and understood.

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

People have care plans and risk assessments in place that meet their needs and protects their rights.

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

Management and staff have a good understanding of safeguarding procedures and are

aware of the need to promote people's right and protect them from any form of abuse.

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

The registered care provider has management structures and lines of accountability that are clear to all staff. There are systems in place to make sure that all staff are supported through a planned programme of supervision, appraisals and training.

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 registered care provider has systems in place to identify, analyse and review risks, incidents and errors. Information about quality and safety is gathered and monitored to identify risks and areas for improvement.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

We spoke with three people who use the service and they told us staff are reliable, conscientious, friendly and helpful and always delivered care and support in line with their agreed care plan.

They also told us that staff have a flexible approach to providing care and support and the manager and staff listened and acted on any suggestions they made about how the service could be improved.

Other evidence

The manager told us that when a person is initially referred to the agency a senior member of staff always visits them and carries out a full assessment of their needs. An initial care plan is completed with the person using the service or their representative and this forms the basis for the care and support to be provided.

The manager told us that the care plans are explained to people who use the service and the agency seek their consent and agreement prior to delivering any services. We saw evidence of this in the care plans we looked at which had been signed either by the person using the service or their representatives.

People considering using the service are given a service user guide and welcome pack, which provide information about the agency and the care and support options available to them. People are also encouraged to ask questions during the initial assessment visit so that they can make an informed decision about whether or not the agency can provide the care and support they require.

The manager told us that if necessary the agency makes people aware of independent advocacy services and where a person has no family and no other arrangements are in place to support them, directly seek advocacy services for them. In addition, all senior staff have attended training on the Mental Capacity Act and have a good understanding of the procedure to be followed should a person using the service lack the capacity to make informed decisions about their care and support.

The manager told us that the agency encourages people who use the service and their representatives to be involved in making decisions about how their care and support is delivered through informal discussions and meetings. The records we looked at evidenced this and showed that people are involved in all aspects of the service.

Our judgement

People are encouraged to make decisions and choices about how their care and treatment is provided and their privacy, dignity and human rights are respected and understood.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

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

Our findings

What people who use the service experienced and told us

People spoken with told us that they were very happy with the care and support provided and said that staff were kind, considerate and caring. They also said that staff always respected their right to privacy and dignity.

We also spoke to a relative of one person using the service and they told us that they had always found staff to be very professional in their approach to providing care and support and they were confident that people were being well cared for.

Other evidence

The agency provides support to 43 people living in the Rowanberries Housing with Care Complex although at the present time only about 50% require assistance with personal care.

Everyone using the service as a care plan in place which is reviewed by staff on a monthly basis to make sure that it provides up to date and accurate information. In addition, six monthly meetings are held with the person using the service or their representative to make sure that care and support is being delivered in line with their needs and preferences. There are systems in place to allow people to be referred back to the Social Services for a reassessment of their needs if necessary.

The care plans we looked at were person centred and provided staff with clear guidance on how to meet people's needs. The care plans and supporting documentation also shows that people using the service and their representatives are

involved in the care planning process and that care and support is provided in accordance with their individual preferences.

Staff we spoke with confirmed that they had input in to the care planning process through the key worker systems. The key worker system means that all people using the service have a named member of staff who takes a specific interest in their care and support.

Risk assessments are in place where areas of potential risks to people's general health and welfare are identified and these are reviewed on a regular basis. Staff make sure that they respect and accommodate people's choices unless the choice places themselves or other people at risk of harm or injury.

Our judgement

People have care plans and risk assessments in place that meet their needs and protects their rights.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

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

Our findings

What people who use the service experienced and told us

The people we spoke with told us that they had been provided with information on who to contact if they had any concerns or wanted to make a complaint.

People also told us that they felt safe and would have no hesitation in approaching the manager if they had any concerns about their safety or the safety of other people using the service.

Other evidence

The registered care provider has a policy in place for safeguarding people from abuse. This policy provides guidance for staff on how to detect different types of abuse and how to report abuse. There is also a whistleblowing policy in place for staff to report matters of concern.

In addition, the manager operates an open door policy and people using the service, their representatives and staff are aware that they can contact her at any time if they have concerns.

The manager told us that staff understand the importance of the safeguarding process through the induction and mandatory training they receive on employment. There are systems in place to make sure staff update their safeguarding training on a regular basis so that they are aware of any changes in legislation or good practice guidelines.

All members of staff are issued with identity badges when they join the agency which

they are required to have with them when on duty. This means that only authorised staff can enter people's homes.

Financial transaction sheets are in place if staff spend money on behalf of people using the service and these are audited on a monthly basis by the manager and administrator so that any irregularities can be picked up quickly.

Staff we spoke with confirmed that they had received appropriate training and would report any safeguarding concerns to the registered care provider. They also told us they were aware of how to detect signs of abuse and were aware of external agencies who they could contact if they had any concerns.

The manager confirmed that she had in the past made referrals to the Local Authority Safeguarding Team and both the senior management team and staff had learnt from the experience and it had heightened their awareness of the need to safeguard vulnerable adults.

Our judgement

Management and staff have a good understanding of safeguarding procedures and are aware of the need to promote people's right and protect them from any form of abuse.

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

People spoken with told us staff are professional in their approach to providing care and support and always appeared well trained and competent.

Other evidence

All new staff complete a comprehensive induction training programme that takes into account recognised standards within the care sector and is relevant to their workplace and their roles. In addition, new members of staff also shadow experienced staff until both they and the manager consider that they are confident and competent to work unsupervised.

Staff are required to attend mandatory training courses in line with good practice guidelines and there is a training matrix and training plan in place to monitor this. The organisation employs a training officer although some training is done in-house by senior staff, by E learning or facilitated by an external provider. The agency also has a good working relationship with other healthcare professionals who will also provide specific training to meet an individual persons needs.

Individual staff training and personal development needs are identified during their formal one to one supervision meetings with their line manager. We saw evidence of this in the supervision records we looked at. Supervision meetings are important as they support staff to carry out their roles effectively, plan for their future professional and personal development and give them the opportunity to discuss areas of concern.

Staff meetings are held on a regular basis so that staff are kept up to date with any

changes in policies and procedures and any issues that might affect the running of the service or the care and support people receive. We saw evidence of this in the minutes of the staff meetings we looked at.

Staff we spoke with, including two recently appointed care support workers told us that they were happy with the level and standard of training provided and said it helped them to understand the individual needs of people using the service. They also told us that they felt well supported by the manager and enjoyed working at Rowanberries.

Our judgement

The registered care provider has management structures and lines of accountability that are clear to all staff. There are systems in place to make sure that all staff are supported through a planned programme of supervision, appraisals and training.

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 using the service told us that the manager contacts them on a regular to make sure that they are receiving the level of care and support they require.

Other evidence

The registered care provider has a comprehensive quality assurance monitoring system in place that continually monitors and identifies shortfalls in the service and any non-compliance with the essential standards of quality and safety.

As part of the quality assurance monitoring system the manager audits care documentation on a regular basis, which means that action is taken quickly to address any concerns identified. The manager also carries out an audit of staff files and checks the staff training matrix and supervisions schedule on a routine basis to make sure they provide accurate and up to date information. Audit results are reviewed and analysed for trends.

In addition, the agency carries out a six monthly internal audit whereby designated members of staff review the standard of the service provided by looking at documentation, observing staff practices and talking with people who use the service. Following the audit an action plan is drawn up highlighting what improvements if any are necessary to meet stated aims and objectives. The results of the audit and the action plan are then shared with people using the service and incorporated in the schemes overall improvement plan.

The agency also sends out annual survey questionnaires to people who use the service and their representatives to allow them to air their views and opinions of the care and support provided. The information provided is then collated and an action plan formulated, which is fed into the overall quality assurance monitoring process.

Our judgement

The registered care provider has systems in place to identify, analyse and review risks, incidents and errors. Information about quality and safety is gathered and monitored to identify risks and areas for improvement.

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

Document purpose	Review of compliance report
Author	Care Quality Commission
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