

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Quality Care (North West) Limited

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We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Management of medicines	✓	Met this standard
Requirements relating to workers	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard

Details about this location

Registered Provider	Quality Care (North West) Limited
Registered Manager	Mrs. Amanda Bradshaw
Overview of the service	Quality Care (North West) is registered with the Commission to provide personal care. This family run agency has been in operation since 1996 providing domiciliary care services within the borough of Pendle. The range of services provided includes personal care, domestic assistance and a sitting service. The agency office is staffed during the hours of 9:00 am to 5:00 pm, with a 24-hour on-call system for emergencies.
Type of service	Domiciliary care service
Regulated activity	Personal care

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 10 February 2014, talked with people who use the service and talked with carers and / or family members. We talked with staff and reviewed information given to us by the provider.

What people told us and what we found

We spoke with five members of staff about how they ensured people who used the service had consented to their care. All were able to tell us the appropriate procedures they took to ensure people had consented to their care and treatment.

We spoke with five staff members about the care they provided to people who used the service. We were told, "I look at the care files and read the care file and diary sheets to see what is going on. I make sure everything is documented properly". Another told us, "The care files are important, they give you all the information so you know what they (people who used the service) are doing and what they need. I always read them before I do anything".

We asked the manager about how they ensured checks were taking place in respect of administration of medications. We were told medication administration charts were checked when they were returned to the office and any concerns were acted on immediately. The manager told us this was not recorded formally. We asked the manager to provide us with information on how this would be addressed.

We looked at four staff files and saw there was systems were in place with regards to the recruitment and selection of staff.

We saw there were regular questionnaires sent to people who used the service about the care they received. We saw completed copies of these. We saw they had detailed information about the care given and staffing provided by the service, we saw positive feedback from these.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People who used the service were able to give valid consent for the care and support they received.

Reasons for our judgement

We spoke with five members of staff about how they ensured people who used the service had consented to their care. All were able to tell us the appropriate procedures they took to ensure people had consented to their care and treatment.

Some comments received were, "I always ask permission before I do anything. I give people choices about their care and their needs" and, "I always ask permission from people before I do anything". Staff told us appropriate procedures to take if a person refused care or treatment. One staff member told us, "If they (people who used the service) say no it means no, I would document it and inform the office".

We spoke with seven people who used the service. All told us staff asked permission before carrying out an activity. We were told staff were respectful and always knocked on their doors before entering. Four family members we spoke with confirmed staff were respectful. One person told us, "The staff are respectful they always ask permission".

We looked at the care files for six people who used the service. We saw five of the care files had been signed by people who used the service agreeing to their care. One care file we saw had documentation to confirm the person using the service was unable to sign. This meant there were systems in place to ensure people who used the service had been involved in planning their care and agreeing to it.

We asked the manager about how staff received training on the importance of consent. We were told all staff received an induction programme and consent was covered in this programme. We saw evidence of induction training taking place in the staff files we looked at. There were in-house policies in place for consent for staff to follow.

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

Our judgement

The provider was meeting this standard.

People using the service received safe care and support that met their individual needs.

Reasons for our judgement

We spoke with five staff members about the care they provided to people who used the service. We were told, "I look at the care files and read the care file and diary sheets to see what is going on. I make sure everything is documented properly". Another told us, "The care files are important, they give you all the information so you know what they (people who used the service) are doing and what they need. I always read them before I do anything".

We spoke seven people who used the service and asked them to tell us about the care they received. We were told, "I am happy with my care, the carers are good indeed. I don't know what I would do without them", "I am happy with them carers they sort things out" and, "I am very happy with them, they are very nice, sociable and everything is fine". People we spoke with confirmed they had had regular reviews of their care by staff.

Three family members we spoke with told us, "The staff are very very good and very helpful. The staff know what they are doing I have confidence with the staff" and, "The staff are amazing they go out of their way. They are always consistent I have no concerns. They take my X out they are proactive in their thinking and do activities with X".

We looked at the care files for six people who used the service. We were told that copies of the care files were kept in people's homes. All of the files we looked at followed a chronological order and included details for example, personal details and next of kin. There was documentation relating to peoples physical need and relevant care needs. We saw people who used the service had been involved in their care planning. This meant people who used the service received safe and appropriate care suitable for their needs.

We saw there were up to date reviews of the support plans and risk assessment in the care files we looked. However we noted one person who used the services care file did not detail their current needs in relation to the visit schedules. We asked the manager about this who told us this would be action immediately to reflect the persons current visit pattern.

We looked in the office to the service and we saw positive comments in thank you cards on display in the office. Some comments seen were, 'Many thanks to everyone who looked

after X. She looked forward to every visit the carers made and really enjoyed their company, 'Thank you all for the wonderful care you gave to my X' and 'Thank you for the care you provided for X particularly from X who supported him in a caring and sensitive manner, she is an asset to your team'.

We saw there were policies and procedures in place for service user access to records and continuity of care support for staff to follow.

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

Our judgement

The provider was meeting this standard.

People who used the service were protected against the risks associated with the unsafe use and management of medicines.

Reasons for our judgement

We spoke with nine people who used the service. We were told staff helped some of them with their medications. All people we spoke with told us staff always gave them their medications and always signed their care file. We were told, "The staff help me with my medications, I am happy with how they do this. They (The staff) always fill out the form" and, "The staff do my medicines every day. They make sure I have taken them and they sign the form, they fill it in every day. I am happy with how they help". Families members we also spoke with told they were happy with how the staff helped with medications administration. We saw in the staff files we looked at that all staff had completed training in the administration of medications.

We saw in the six care files we looked at there was detailed information relating to people who used the services medications. This included the type of tablet, side effects, GP, pharmacist for example for staff to follow.

We looked at the medication administration record (MAR) charts for four people who used the service. We saw in two of the records there were gaps in the recording for administration of medications. We checked the diary entries for some of the gaps that we saw and staff had signed to say these had been given. We asked the manager about this who commenced an investigation immediately.

Following our inspection the manager provided us with information relating to the investigation. We were told immediate training and supervision in relation to training for staff members had been provided. The manager told us team meetings had been booked to discuss appropriate administration of medications with all staff members.

We asked the manager about how they ensured checks were taking place in respect of administration of medications. We were told medication administration charts were checked when they were returned to the office and any concerns were acted on immediately. The manager told us this was not recorded formally. We asked the manager to provide us with information on how this would be addressed.

Following our inspection the manager provided us with evidence to show appropriate

systems had been implemented to monitor and review the medication records for people who used the service. The provider may like to note the importance of ensuring records are monitored to ensure people who used the service received safe and effective administration of their medications.

We spoke with five staff members about how they ensured people received their medication safely and effectively. We were told, "I always check their medications. We use blister packs which have descriptions of the medications. I always tick them off as I give them and document it. If a person refused their medicine I would document it and call the office".

We looked at the policy file and saw up to date policies in place for medication for staff to follow.

Requirements relating to workers

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

Staff were carefully recruited to help ensure the safety and wellbeing of people using the service.

Reasons for our judgement

We looked at four staff files and saw there were systems in place with regards to the recruitment and selection of staff. There were completed application forms which detailed relevant experiences and qualification. We saw appropriate professional references had been obtained. There were copies of documentation relating to proof of identity in all the files we looked at.

All the staff files showed evidence of checks with the Criminal Records Bureau (CRBs) checks had been undertaken. This meant staff had the appropriate checks to ensure people who used the service were cared for by appropriate and suitably qualified staff.

Assessing and monitoring the quality of service provision

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

Effective management helps ensure that people who used the service receive safe and effective care.

Reasons for our judgement

The manager is registered with the Care Quality Commission and we saw a copy of their certificate on display in the office.

We asked about what systems were in place to monitor the quality of the service. The manager showed us a computer folder which identified when people care plans and reviews were needed. We were told this was checked regularly and then reviews would be booked into the diary for reviews.

We saw there were regular questionnaires sent to people who used the service to about the care they received. We saw completed copies of these. We saw they had detailed information about the care given and staffing provided by the service, we saw positive feedback from these. Example of subjects covered were; quality of care, training and competency, complaints and reviews of care

We looked at the files for four staff members. We saw documentation relating to spot check on care and supervision and regular annual appraisals had taken place. There was evidence of topics discussed including future training needed. Staff we spoke with confirmed they received regular supervision and spot checks. This meant people who used the service were cared for by a staff team who were monitored to ensure safe and effective care was provided.

We asked the manager about how they ensured staff received updates and information. We were told. Team meetings were organised and attended when staff were able to come into the office. We saw evidence of hand outs on subjects discussed for example, feedback from the local authority. The manager told us this would be given to staff members. We were told staff attended the office on Fridays and updates would be provided at this time. We were told the office was always open for staff to discuss any concerns or any changes.

The staff we spoke with were complimentary about the provider and the manager. Some comments received were, "The manager is very good and supportive. This place is like a

home from home", "The manager is lovely and supportive, I am able to go to her with concerns" and, "The manager is brilliant, firm but very supportive".

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social 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 essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - 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.

Moderate impact - 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.

Major impact - 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

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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