

Review of compliance

Townfield and Coach House Care Limited
79 Church Street

Region:	North West
Location address:	79 Church St Great Harwood Blackburn Lancashire BB6 7QB
Type of service:	Domiciliary care service
Date of Publication:	November 2011
Overview of the service:	Townfield and Coach House Care Ltd is registered to carry out the regulated activity of personal care at 79 Church Street. The agency's office is located close to the centre of Great Harwood. The service provides personal care to people living in their own homes in Great Harwood and the surrounding area.

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

Our current overall judgement

79 Church Street was meeting all the essential standards of quality and safety but, to maintain this, we have suggested that some improvements are made.

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 16 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 using the service told us they were satisfied with the way the agency delivered their care and support. People said they shared a good relationship with the staff who they described as "caring" and "helpful". One person said "I can't say enough about how good they are".

People were involved in their assessment of needs and the development of their care plan. Their views were taken into account and they were therefore able to influence the delivery of their service.

People were satisfied with the support they received with their medication. However, some of the records and policies and procedures were not up to date, which meant there was the potential for error.

People felt the manager and the staff team were approachable and accessible and they could talk to them at any time if they had any concerns or queries. People were given the opportunity to complete a satisfaction questionnaire every six months and all the people who responded indicated they were satisfied with their service. However, people had not received feedback about their participation in the survey and any action taken by the agency in response to their comments. None of the people spoken with had any concerns about the service.

What we found about the standards we reviewed and how well 79 Church Street 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 had opportunities to influence the planning and delivery of their care and their rights to privacy and dignity were respected and upheld. People were able to express their views and their preferences were taken into account in the way in which service was delivered.

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

People using the service received the care and support they needed to ensure their individual needs were met.

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

Suitable arrangements were in place to ensure people were protected from harm and their rights were protected.

Outcome 09: People should be given the medicines they need when they need them, and in a safe way

Whilst people received their medicines when they needed them, not all documentation relating to medication was complete and up to date.

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

Staff were provided in sufficient numbers to meet the current needs of the people using the service. Staff were given appropriate training opportunities to ensure they had the right knowledge, qualifications and skills to support people.

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

Whilst, the views and outcomes for people using the service formed the main focus of the quality monitoring systems, the lack of an overall report meant it was difficult to determine what improvements were planned for the year ahead.

Actions we have asked the service to take

We have asked the provider to send us a report within 14 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a

variety of internal and external appeal processes. We will publish a further report on any action we have taken.

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

People using the service told us they were satisfied with the care provided by the agency and they were involved in decisions about their care. One person said, "It is very good, the carers are always helpful and we have no concerns at all". People confirmed they were listened to by the staff and requests made about their care were considered and accommodated wherever possible. For instance one person told us the staff were willing to go to the corner shop if she ran out of essential items. People were allocated a staff team to support them and staff were only changed for personal or operational reasons when necessary. This practice ensured staff were familiar with people's needs and they were able to respond flexibly to their needs and preferences on a day to day basis.

People told us they had discussed their care needs with staff from the agency and were aware of their plan of care. This enabled them to plan and make choices about their care. People were also asked about things which were important to them and personal profile information had been added to the care plan documentation to inform staff about significant life experiences and current circumstances.

People said they had a good relationship with the staff and confirmed the staff always respected their rights to privacy, dignity and independence. This ethos was also

reflected in people's care plans, for example one person's plan stated that she sometimes wished to carry out some tasks herself. People described the staff as "marvellous" and "very good". They also told us the staff were punctual and reliable and they had never missed a visit. People were asked about the quality of the service on an ongoing basis and all people spoken with said they felt comfortable expressing their views.

Other evidence

Care records showed us that people were involved in planning their care both before and after the service started. Information was also available in individual records to show people were consulted about their ongoing care needs. We saw that people had signed their care file to indicate their agreement and participation in the care planning process.

People using the service were provided with written information in the form of a service user's guide, which provided detailed information about the services provided by the agency and current fee levels. People visited during the inspection had been provided with an up to date copy of the guide. This meant that people were kept up to date with current information about the service.

Our judgement

People had opportunities to influence the planning and delivery of their care and their rights to privacy and dignity were respected and upheld. People were able to express their views and their preferences were taken into account in the way in which service was delivered.

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 told us the help and support provided by the staff was appropriate to meet their needs and in line with their personal preferences. One person said, "They are really helpful and kind, I look forward to them coming to see me". Another person said, "They are marvellous they are always so cheerful".

People told us they were involved in the initial assessment of needs and received the care and support they needed based on this. The assessment process was designed to consider all aspects of people's needs, individual circumstances and potential risks. This meant that staff had access to clear information about people's needs and people using the service had input into the planning of their care.

People confirmed their care plans reflected their current needs, although one person's plan was not clear about the level of assistance required with medication. People were familiar with their care plans and had participated in the review process. This gave people the opportunity to influence the way their care was planned and delivered.

Other evidence

Each person had a plan of care which was designed to provide staff with guidance about how best to meet people's needs and information about how people preferred their care to be delivered. The plans were written in plain language, were easy to understand and incorporated all areas of people's lives.

The care staff completed daily records, which provided information about people's

changing needs and any recurring difficulties. These were kept with the care plan in the person's own home to ensure staff had access to up to date information. A duplicate copy of the person's plan was also stored securely at the agency's office.

Our judgement

People using the service received the care and support they needed to ensure their individual needs were met.

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

People said they were able to voice any concerns about the service to a member of staff or the manager and they felt confident appropriate action would be taken. People using the service had been provided with clear information about how to contact the agency both inside and outside office hours. This meant that people using the service and staff had access to support and advice whenever necessary. None of the people spoken with had any concerns about the service. One person said "I find everyone very amenable; I have no grumbles at all".

We discussed safeguarding procedures with several staff in the agency. These procedures are designed to protect vulnerable adults from abuse and the risk of abuse. The staff confirmed they had received training on these procedures and they knew who to contact if they witnessed or suspected any abuse.

Other evidence

There were policies and procedures in place to minimise and prevent abuse occurring in the service, which also identified the types and possible indicators of abuse. A whistle blowing procedure was available, to ensure staff were aware of whom they could contact in the event of any concerns about the operation of the service.

Policies and procedures were in place for staff to cover all aspects of handling money on behalf of people using the service. The staff were also briefed during their induction training on their responsibilities and limitations. A form was in place and used by staff to record any financial transactions. This meant systems were in place to safeguard

people's financial affairs.

Staff training records showed us that staff usually received training once a year on safeguarding vulnerable adults and their knowledge was tested by the use of a questionnaire.

Our judgement

Suitable arrangements were in place to ensure people were protected from harm and their rights were protected.

Outcome 09: 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 09: Management of medicines

Our findings

What people who use the service experienced and told us

People visited at home were receiving assistance with their prescribed medication. They told us they were satisfied with the support they were receiving and said they felt the staff were competent at this task.

Other evidence

There was a set of policies and procedures relating to medication, however, the procedures referred to previous legislation and guidance, which changed in October 2010 and did not include clear definitions of the different levels of assistance with medication. For instance, the differences between prompting and administering medication. Further to this we noted one person's care plan stated staff had to prompt medication, when in practice they were administering or giving the medication to the person.

The policies and procedures also did not cover the administration of medicines prescribed "as necessary". These are important so the staff give this type of medication in a safe and consistent manner.

From looking at people's care plans we noted there was a full list of people's medication and appropriate records had been implemented for the administration of medication. The records included details about the type, strength, frequency and dose of medication, with spaces for the staff to sign after giving each dose. However, we noted that there were three omissions on one person's records, where staff had failed to sign

the records. This meant it was unclear whether the medication had been administered to the person.

Staff training records showed us that staff had received medication training within the last 12 months. Senior staff told us that care staff were observed administering medication during spot checks.

Our judgement

Whilst people received their medicines when they needed them, not all documentation relating to medication was complete and up to date.

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 visited at home told us the service was meeting their needs and it was reliable. People said the care workers were usually efficient and carried out their role in a competent manner. One person said the staff were "All brilliant, I don't think you could get better".

We looked at the results of the satisfaction questionnaires sent to people by the agency. One question asked, "How would you describe the carers' attitude", all those who responded answered either "excellent" or "good".

Other evidence

There were computer systems in place to manage the allocation of staff and rotas were completed in advance to ensure all visits were covered. As far as possible people were supported by the same team of staff to ensure people received consistent care. Arrangements were in place to cover any staff absences outside normal office hours.

New staff completed an induction training programme and shadowed an experienced member of staff. This enabled the new employee to meet people using the service and familiarise themselves with the expectations of their role. There was a staff training programme, which included moving and handling, fire safety, health and safety and food hygiene. The majority of the staff had completed a work based competency qualification, which equipped them with the necessary skills and knowledge for their job.

Our judgement

Staff were provided in sufficient numbers to meet the current needs of the people using the service. Staff were given appropriate training opportunities to ensure they had the right knowledge, qualifications and skills to support people.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

There are minor concerns with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

People and their relatives told us they were satisfied with the service and had no complaints. They were able to contact the agency in the event of any queries and their views about the service were recorded as part of the review of their care plan.

People were given the opportunity to complete satisfaction questionnaires every six months. We looked at the results which had been collated and analysed and noted that all people who responded had indicated they were either "very satisfied" or "satisfied" with the service they received. However, there had been no feedback given to people about the results or any action taken in response to their comments. If given, this would have demonstrated to people that their information was valuable and they were being listened to.

Other evidence

The manager had established a number of ways of gathering and recording information about the quality and safety of the care the service provided and its outcomes. This included audits of the care plan documentation and the supervision of staff. Senior staff confirmed care staff were provided with supervision on a regular basis and were observed providing direct care to people using the service. However, when we looked at one member of staff's file there was only a record of one supervision and spot check throughout 2011.

We did not see an overall report setting out how the quality of the service had been monitored and evaluated; it was therefore unclear how the service was due to be

developed over the forthcoming year.

Our judgement

Whilst, the views and outcomes for people using the service formed the main focus of the quality monitoring systems, the lack of an overall report meant it was difficult to determine what improvements were planned for the year ahead.

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	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 09: Management of medicines
	<p>Why we have concerns: Whilst people received their medicines when they needed them, not all documentation relating to medication was complete and up to date.</p>	
Personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 16: Assessing and monitoring the quality of service provision
	<p>Why we have concerns: Whilst, the views and outcomes for people using the service formed the main focus of the quality monitoring systems, the lack of an overall report meant it was difficult to determine what improvements were planned for the year ahead.</p>	

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

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

The provider's report should be sent to us within 14 days of the date that the final review of compliance report is sent to them.

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

What is a review of compliance?

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

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

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

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

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

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

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

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and 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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