

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

79 Church Street

79 Church Street, Great Harwood, Blackburn,
BB6 7QB

Tel: 01254882050

Date of Inspection: 12 December 2012

Date of Publication: January
2013

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

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Management of medicines	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Townfield and Coach House Care Limited
Registered Manager	Mrs. Anne Child
Overview of the service	79 Church Street is registered to provide personal care to people living in their own homes. The agency provides a service for people residing in Great Harwood and its surrounding areas. The agency's office is located in the centre of Great Harwood.
Type of service	Domiciliary care service
Regulated activity	Personal care

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
Our judgements for each standard inspected:	
Respecting and involving people who use services	5
Care and welfare of people who use services	6
Management of medicines	7
Supporting workers	8
Assessing and monitoring the quality of service provision	9
About CQC Inspections	10
How we define our judgements	11
Glossary of terms we use in this report	13
Contact us	15

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 unannounced 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 12 December 2012, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with staff.

What people told us and what we found

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 their regular care staff who they described as "very good" and "helpful".

People were involved in their assessment of needs and the development of their care plan. People's 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 and confirmed they received their medication when they needed it.

Staff were provided with appropriate training opportunities and received regular supervision.

There were effective systems in place to monitor and assess the quality of the service.

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

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

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.

Reasons for our judgement

People using the service told us they were satisfied with the care provided by the agency and they confirmed they were listened to by the staff and requests made about their care were considered and accommodated wherever possible. One person told us "Overall I am really satisfied with everything, the staff are very helpful". Wherever possible 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 using the service told us the staff talked to them about their care needs and staff had discussed their care plan with them. This meant people were directly involved with the provision of their care and support. We saw evidence to demonstrate that people had signed their care plans to indicate their participation and agreement. Information about past life experiences, interests and hobbies had been added to the care plan information, to enable staff to stimulate meaningful conversation and activities.

People said they had a good relationship with their regular staff and confirmed the staff always respected their rights to privacy, dignity and independence. One person explained how staff helped to maintain their skills when carrying out personal care tasks. People described the staff as "good" and "lovely". 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.

People were given appropriate information about their care and support. Before people started using the service they were provided with detailed information, which included a service user's guide and statement of purpose. This meant people knew what to expect from the service.

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

Our judgement

The provider was meeting this standard.

People experienced care and support that met their needs and protected their rights.

Reasons for our judgement

People told us the help and support provided by the staff was appropriate to meet their needs and in line with their personal preferences. People told us the staff were flexible and asked them how they wished their tasks to be carried on each visit.

People spoken with confirmed 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. We saw completed assessments during the inspection, these all contained detailed information.

People confirmed they had been consulted about their care needs and staff had discussed their care plan with them. People also told us the staff were knowledgeable about their needs and things they required help with.

People spoken with said their care plans were reflective of current needs and they had participated in the review process. This gave people the opportunity to influence the way their care was planned and delivered. We saw evidence to indicate that the care plans had been reviewed on regular basis and updated in line with any changing needs. We also noted risk assessments had been carried out to cover environmental and individual risks, in order to help staff mitigate any potential risks to people's safety.

We looked at three care plans in detail. From this we could see that each person had a plan of care which was designed to provide staff with guidance about how best to meet their needs and preferences. The manager and senior staff explained a new style of care plan was being introduced. The new care plans were person centred and presented information in an easy read format. This enabled staff to access pertinent information very quickly. We saw copies of the new care plans during the inspection.

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.

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 had their medicines when they needed them and in a safe way.

Reasons for our judgement

People told us they were satisfied with the support they were receiving with their prescribed medication and confirmed the care staff were competent at this task.

There was a set of policies and procedures relating to medication, however, the provider may wish to note that this documentation did not cover all aspects of the management of medication, for instance the administration of medication prescribed "as necessary". The manager assured us the policies and procedures would be updated within the next month.

From looking at people's care plans we noted there was a full list of people's medication and appropriate records had been maintained 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. All records had been checked by senior staff and action was taken if the records were incomplete.

Individual risk assessments had been carried out to identify any potential risks in managing people's medication. Risk management strategies had also been drawn up to help staff manage or minimise any risks.

Staff confirmed they had received appropriate training to ensure they had the required knowledge and expertise to handle medication in a safe and consistent manner.

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

Our judgement

The provider was meeting this standard.

People were cared for by staff who were provided with appropriate training and support.

Reasons for our judgement

People spoken with made complimentary comments about the staff team and felt their usual care workers were good at their job. Members of staff told us they were provided with appropriate training and they were positive about their employment.

There were established systems in place to ensure staff received regular training, which included moving and handling, medication, fire safety, health and safety, safeguarding, and equality and diversity. We were given a copy of the staff training matrix and noted all staff had received training on mandatory topics within the last 12 months. The vast majority of the staff had achieved a work based competency qualification, which meant their work practice had been assessed and they were deemed competent in their role.

Senior staff told us the care staff were provided with regular supervision. These took the form of spot checks and face to face meetings with their line manager. Senior staff also visited people after the care staff had left their home to ensure people were satisfied with the care provided and staff had been acting in accordance with the agency's policies and procedures. We saw records of spot checks and face to face staff supervision meetings during the inspection.

New staff completed an induction training programme and shadowed an experienced member of staff for a minimum of 15 hours. This enabled the new employee to meet people using the service and familiarise themselves with the expectations of their role. New starters completed a probationary period of three months.

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.

Systems were in place to monitor the quality of the service to ensure people were cared for safely and appropriately.

Reasons for our judgement

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 said their calls were answered in a courteous and helpful manner.

People were given the opportunity to complete customer satisfaction questionnaires. The questionnaires had last been distributed in August 2012, however, whilst we saw the returned forms the results, had not been collated and analysed. The results from the survey carried out in 2011 had been fed back to the people using the service.

People were also asked for their views of the service each time their care plan was reviewed and their comments were recorded. This meant that people who were unable or did not want to complete a questionnaire were able to express their opinions about the care they received.

The manager had established a number of ways of gathering and recording information about the quality and safety of the care provided and its outcomes. This included audits of all new care plans, staff training and staff supervision. Telephone monitoring systems were in place, which meant the time of arrival and departure in people's homes could be monitored. Detailed checks were also made to ensure the correct contracted hours were entered onto the computer system. Since our last inspection, large white boards had been fixed on the walls in the manager's office. These provided a visual display of the deployment of staff and the spread of visits.

The provider had produced an annual business plan, which set out the service's objectives for the forthcoming year. We were sent a copy of the plan after the meeting.

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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.
