

# Review of compliance

<p><b>Sally and Sarah</b> <b>Sally and Sarah</b></p>	
<b>Region:</b>	North East
<b>Location address:</b>	3 Innovation Court Yarm Road Stockton-on-Tees TS18 3DA
<b>Type of service:</b>	Domiciliary Care Agency
<b>Publication date:</b>	August 2011
<b>Overview of the service:</b>	Sally and Sarah is a small domiciliary care agency providing personal care to people in their own homes. The provision is predominantly within North Yorkshire with the majority of clients paying privately for their care and support.

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

## What we found overall

**We found that Sally and Sarah was not meeting one or more essential standards. Improvements were needed.**

The summary below describes why we carried out the review, what we found and any action required.

### Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

### How we carried out this review

We reviewed all the information we hold about this provider, surveyed people who use services, carried out a visit on 3 and 6 June 2011, talked with people who use services, talked with staff, undertook telephone interviews with relatives of people who use the service on 5 August 2011, checked the provider's records, and looked at records of people who use services.

### What people told us

One person who was visited said that the care provided was as they wanted it, they had been fully consulted and the relationship with the organisation and staff was an inclusive one. They said they were treated with the utmost respect by staff. They said, "Fully involved in all aspects of care, it is a team effort".

One relative spoken to said, "They treated him with the respect that he wanted".

One person who was visited said, "I am very happy with the care provided". "It is a very reliable service, extremely flexible, they are always assessing for any extra care that might be needed". They confirmed that the care was planned around their preferences in terms of times and also confirmed that they received a rota, which detailed the staff that would be supporting them. They also confirmed that a pre service assessment had been completed and a care plan was completed which they had been involved in.

Relatives of people using the service or who had used the service were spoken to. They spoke extremely highly of the care that was provided. One person said,

“absolutely superb” this person said they knew how excellent they are due to own professional background. Another person said, “utterly reliable, the care they showed was terrific”. “The demeanour was of people who really cared, they developed a bond and there was confidence in them”.

One person spoken to did not have any concerns about the service and if they had, they would not hesitate to raise these directly with the providers. They said, “I am aware of how to make a complaint, I have never had to raise issues or concerns”.

One person who was visited said, “New staff are introduced beforehand usually by the owners, I get on fine with the staff, they are very polite I have got to know them and developed good relationships”. They confirmed that they had confidence in the staff, that they were well able to meet their needs and were very professional.

Relatives were positive about the staff. They confirmed that staff were introduced to the person before delivering care. One person said, “They train and monitor their staff, they are watched over closely and they work closely with their staff”.

A person who was visited confirmed that there is regular discussion about the care and service provided. They said, “They are well aware of my views on the service provided”.

## **What we found about the standards we reviewed and how well Sally and Sarah was meeting them**

### **Outcome 1: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run**

Overall, we found that people are involved in their own assessment and care planning process which ensures that care is provided to them at the times they want and in the way they want.

- Overall, we found that Sally and Sarah was meeting this essential standard.

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

Overall, we found that people experience an extremely reliable service, in which their needs are being met. There are minor concerns about the level of detail within the range of assessments and individual support plans, which could be enhanced further to provide staff with more information.

- Overall, we found that Sally and Sarah was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

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

Overall, we found that staff were aware of the actions to take and have the understanding to protect and identify people using the service from abuse; however there is the need to obtain the relevant protocols and guidance and for there to be ongoing training.

Overall, we found that Sally and Sarah was meeting this essential standard but, to maintain this, we suggested that some improvements were made

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

Overall, we found that systems for the management of medication needed further development to ensure safety to people.

- Overall, we found that improvements were needed for this essential standard.

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

Overall, we had concerns about the recruitment procedures, which did not fully protect people.

- Overall, we found that improvements were needed for this essential standard.

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

Overall, we found that while some quality assurance systems are in place, further development and implementation is needed, which will ensure effective systems in place throughout organisation.

- Overall, we found that Sally and Sarah were meeting this essential standard but, to maintain this, we suggested that some improvements were made.

**Action 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.

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

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

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

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

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

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

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

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

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

# Outcome 1: Respecting and involving people who use services

## What the outcome says

This is what people who use services should expect.

People who use services:

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

## What we found

### Our judgement

**The provider is compliant** with outcome 1: Respecting and involving people who use services

### Our findings

**What people who use the service experienced and told us**  
One person who was visited said that the care provided was as they wanted it, they had been fully consulted and the relationship with the organisation and staff was an inclusive one. They said they were treated with the utmost respect by staff. They said, “Fully involved in all aspects of care, it is a team effort”.  
One relative spoken to said, “They treated him with the respect that he wanted”.

**Other evidence**  
Discussion took place with the providers who confirmed that prior to commencing a care package, people are visited and an assessment is completed. They said that people are fully involved in this process and that care is planned around their individual needs and preferences.  
Care records were also looked which detailed preferences, for example the preferred time for someone to go to bed.  
Staff spoken to also said that they provided care to people as they wanted it. They

were well able to discuss how people are treated with respect and about individual decision making. One member of staff said, "We explain to people, make sure they are comfortable and encourage their independence". Another said, "Dignity and respect varies from client to client, everything is discussed, they are very much involved".

**Our judgement**

Overall, we found that people are involved in their own assessment and care planning process which ensures that care is provided to them at the times they want and in the way they want.

## Outcome 4: Care and welfare of people who use services

### What the outcome says

This is what people who use services should expect.

People who use services:

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

### What we found

#### Our judgement

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

#### Our findings

##### What people who use the service experienced and told us

One person who was visited said, "I am very happy with the care provided". "It is a very reliable service, extremely flexible, they are always assessing for any extra care that might be needed". They confirmed that the care was planned around their preferences in terms of times and also confirmed that they received a rota, which detailed the staff that would be supporting them. They also confirmed that a pre service assessment had been completed and a care plan was completed which they had been involved in.

Relatives of people using the service or who had used the service were spoken to. They spoke extremely highly of the care that was provided. One person said, "absolutely superb" this person said they knew how excellent they are due to own professional background. Another person said, "utterly reliable, the care they showed was terrific". "The demeanour was of people who really cared, they developed a bond and there was confidence in them".

##### Other evidence

We looked at care records within the home of one person who was visited. Contained within the records was an environmental risk assessment, personal care risk assessment, personal needs assessment and an action plan which detailed

care to be provided. There were also very detailed daily notes recorded. We also looked at a further three sets of archived care records. The service does not have a current set of care records within the office base for people who use the service, however after discussion, it was agreed that this would be implemented.

Whilst there was evidence of assessment and outline plans of care for people which detailed the care to be provided, there were not specific enough about the actual care and how this should be delivered. For example, one person needed assistance with their mobility but the care plan did not specify the equipment to be used or the number of staff needed to assist. Other examples of this were shared with the providers.

We requested a Provider Compliance Assessment - It was detailed, "All clients are given a personalised care plan relating to their individual needs. They are actively involved in identifying their care needs. The company respects their dignity, diversity and promotes independence. The company keeps updated with current legislation requirements.

The care plan is regularly reassessed to reflect changes in the client's condition. The company works in partnership with all those involved in service user care".

Staff said they would always refer to people's assessment and care plans, that they are always given verbal information about people prior to delivering care and that they are always introduced to new clients. People spoken to also confirmed that the staff are introduced to the client prior to providing care.

It was clear both through observation and discussion that very individualised care is provided to people, in the way they want it and at the times they prefer.

### **Our judgement**

Overall, we found that people experience an extremely reliable service, in which their needs are being met. There are minor concerns about the level of detail within the range of assessments and individual support plans, which could be enhanced further to provide staff with more information.

# Outcome 7: Safeguarding people who use services from abuse

## What the outcome says

This is what people who use services should expect.

People who use services:

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

## What we found

### Our judgement

**There are minor concerns** with outcome 7: Safeguarding people who use services from abuse

### Our findings

**What people who use the service experienced and told us**  
One person spoken to did not have any concerns about the service and if they had, they would not hesitate to raise these directly with the providers. They said, "I am aware of how to make a complaint, I have never had to raise issues or concerns".

**Other evidence**  
The Provider Compliance Assessment detailed, "The company introduces the staff involved in the service users care, giving name and job title. They are given management numbers to contact with any concerns. The company has procedures in place when they leave the service appropriate to individual circumstances. The company and staff are aware of all types of abuse and have received relevant training and know how to raise concerns. Action is taken immediately and the relevant authority informed. Service users are also aware how to raise/voice concerns to the management. Service users care is reviewed regularly to make sure that they are supported appropriately. Management liaise with relevant bodies involved and respect confidentiality". Staff spoken to were very clear about the steps they would take should they have concerns. They said, "I would have no hesitation in reporting". "Would report it straight away".  
It was confirmed that they had received some training during induction in regard to

abuse, whistleblowing and protection of vulnerable adults. Two members of staff said this was covered during their induction.

The service does not have a copy of the Teeswide safeguarding protocols or the information relevant to North Yorkshire, no contact details are available should they be needed.

**Our judgement**

Overall, we found that staff were aware of the actions to take and have the understanding to protect and identify people using the service from abuse; however there is the need to obtain the relevant protocols and guidance and for there to be ongoing training.

# Outcome 9: Management of medicines

## What the outcome says

This is what people who use services should expect.

People who use services:

- Will have their medicines at the times they need them, and in a safe way.
- Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

## What we found

### Our judgement

There are moderate concerns with outcome 9: Management of medicines

### Our findings

**What people who use the service experienced and told us**  
One person who was visited said that the staff are not involved with their medication.

**Other evidence**  
The management of medication was not looked at fully. However, in one of the care records looked at there was evidence that people had been supported with their medication. These records were not specific enough as the actual medication was not recorded and there were no clear roles and responsibilities in respect of medication and the management of medipacks, as such, it was not clear if secondary dispensing was taking place.

Discussion took place in regard to prompting medication and administration. Staff spoken to confirmed that they prompted people to take their medication and would on occasion empty the medication from the pre dispensed medipacks.

Discussion took place with the providers about medication management and staff training and it was agreed that this was an area that needed to develop further.

**Our judgement**  
Overall, we found that systems for the management of medication needed further development to ensure safety to people.

# Outcome 12: Requirements relating to workers

## What the outcome says

This is what people who use services should expect.

People who use services:

- Are safe and their health and welfare needs are met by staff who are fit, appropriately qualified and are physically and mentally able to do their job.

## What we found

### Our judgement

**There are moderate concerns** with outcome 12: Requirements relating to workers

### Our findings

**What people who use the service experienced and told us**  
One person who was visited said, “New staff are introduced beforehand usually by the owners, get on fine with the staff, they are very polite, have got to know them and developed good relationships”. They confirmed that they had confidence in the staff, that they were well able to meet their needs and were very professional. Relatives were positive about the staff. They confirmed that staff were introduced to the person before delivering care. One person said, “They train and monitor their staff, they are watched over closely and they work closely with their staff”.

**Other evidence**  
We looked at three staff recruitment files; two for the most recently employed staff. We identified some gaps in employment, and there was no evidence to show that these had been explored. In another file there was no completed application form, although a curriculum vitae was available, this again had gaps. References and Criminal Bureau checks had been obtained. The actual staff files and flow of information was not in a clear format, which made locating information about start dates and induction difficult to locate. A staff handbook is available which contains information about employment, data protection, whistleblowing and health and safety, a summarised version of policies and procedures were available. Currently skills for care induction is not in use, the providers confirmed that they

would introduce this, however staff have undertaken a six day induction with a local training agency, which complies with an appropriate induction. Topic covered included, moving and handling; first aid; food hygiene; infection control and dementia awareness.

Staff spoken to also confirmed that they shadowed more experienced staff when they were first employed and this shadowing ensured that practical “on the job” training was provided.

**Our judgement**

Overall, we had concerns about the recruitment procedures, which did not fully protect 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**  
A person who was visited confirmed that there is regular discussion about the care and service provided. The said, "They are well aware of my views on the service provided".  
One relative said, "it is a small practise but it is the best caring organisation".

**Other evidence**  
The Provider Compliance Assessment detailed, "The company management regularly audits the services provided by visiting service users( and family members) and sending out a questionnaire that allows anonymity if the service user prefers. All comments and suggestions are recorded, taken note of and acted on appropriately. The company has an up to date complaints procedure and all service users are made aware of this and given the appropriate details for contact. All staff members are required to read the company handbook that contains copies of all policies and procedures. The service is currently extemely small, only providing care to four people. It was confirmed that quality assurance would be built upon as the service develops".  
A system called customer talk back, which were completed surveys was looked at.

The surveys were not dated and there was no actual report of the surveys, findings or outcomes, although there was evidence on surveys that some action points had been followed up.

Staff said they had attended one staff meeting and were provided with a copy of the minutes. They also said they work very closely with the provider. One member of staff spoke of informal systems and that they talked daily with the provider. They did say they felt fully involved, that they had a voice and were listened to.

**Our judgement**

Overall, we found that while some quality assurance systems are in place, further development and implementation is needed, which will ensure effective systems in place throughout organisation.

## 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	9	4
	<p><b>Why we have concerns:</b> Overall, we found that people experience an extremely reliable service, in which their needs are being met. There are minor concerns about the level of detail within the range of assessments and individual support plans, which could be enhanced further to provide staff with more information.</p>	
Personal Care	11	7
	<p><b>Why we have concerns:</b> Overall, we found that staff were aware of the actions to take and have the understanding to protect and identify people using the service from abuse; however there is the need to obtain the relevant protocols and guidance.</p>	
Personal Care	10	16
	<p><b>Why we have concerns:</b> Overall, we found that while some quality assurance systems are in place, further development and implementation is needed, which will ensure effective systems in place throughout organisation.</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 within 14 days of this report being received.

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

## Compliance actions

The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

Regulated activity	Regulation	Outcome
Personal Care	13	9
	Overall, we found that systems for the management of medication needed further development to ensure safety to people.	
Personal Care	21	12
	<b>How the regulation is not being met:</b> Overall, we had concerns about the recruitment procedures, which did not fully protect people.	

The provider must send CQC a report that says what action they are going to take to achieve 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 this report being received.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

CQC should be informed in writing when these compliance 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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