

***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: 07 January 2014

Date of Publication: January  
2014

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

**Management of medicines**

✓ 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

## Contents

*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
<b>Summary of this inspection:</b>	
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
<b>Our judgements for each standard inspected:</b>	
Management of medicines	5
<b>About CQC Inspections</b>	7
<b>How we define our judgements</b>	8
<b>Glossary of terms we use in this report</b>	10
<b>Contact us</b>	12

## Summary of this inspection

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 7 January 2014, checked how people were cared for at each stage of their treatment and care and reviewed information given to us by the provider.

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### What people told us and what we found

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On our last inspection on 23 September 2013 people were not always protected from the risks associated with the unsafe management of medicines. Following the inspection, the provider sent us an action plan stating these issues would be addressed by 31 December 2013. We visited the agency again on 7 January 2014 to check the actions taken and found the necessary improvements had been made.

We found the policies and procedures relating to the management of medication had been revised and updated to include guidance on the application of creams. People's care plans had also been updated where necessary to inform staff about the assistance they required with the administration of external preparations.

All staff had received medication awareness training within the last 12 months and there were arrangements in place to check their competency every three months as part of the supervision process.

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

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://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

### Management of medicines

✓ Met this standard

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

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### Our judgement

The provider was meeting this standard.

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

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### Reasons for our judgement

On our last inspection on 23 September 2013 people were not always protected from the risks associated with the unsafe management of medicines. Following the inspection, the provider sent us an action plan stating these issues would be addressed by 31 December 2013. We visited the agency again on 7 January 2014 to check the actions taken and found the necessary improvements had been made.

We found there was a detailed set of policies and procedures relating to the handling of medication. These identified the parameters and circumstances for assisting with medication and health related activities. Since our last inspection, the medication policies and procedures had been updated to include guidance on the application of creams both prescribed and personal. This information had also been incorporated into the medication consent form.

We looked at two people's care plans and noted the plans had been updated where necessary to inform staff about people's requirements and preferences in respect to the application of creams. People's medication had also been identified in their care plans along with the usage and common side effects. This information was colour coded to help staff access the details quickly. At the time of the inspection, care plans were being reviewed to bring them up to date and in line with the new medication procedure. During these reviews people were asked to sign a new medication consent form to ensure both staff and people were clear about the assistance required. We saw a completed consent form during the visit.

We checked two people's medication administration records and noted appropriate records had been maintained for both the administration and prompting of medication, including the application of external preparations. The records included details about the type and strength of medication, with spaces for the staff to sign after giving each dose.

We looked at the staff training records and noted all staff had received medication training within the last 12 months. The manager explained the training comprised of face to face

training in a classroom environment which included a competency assessment. The company had employed two new senior care workers and we were informed they were due to receive training to enable them to check the competency of the care staff. There were established arrangements in place for all staff to receive refresher training every 12 months and their competency was checked every three months as part of the supervision process.

## 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.

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**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.

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**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.

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**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

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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

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### Essential standard

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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)

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### Regulated activity

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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