

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

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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	✗ Action needed
Requirements relating to 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

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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'.

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Summary of this inspection

Why we carried out this inspection

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

This was an 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 23 September 2013, 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 had a good relationship with members of staff and confirmed the staff took a flexible approach to their work. One person told us, "Everything has been very good; I can't praise them enough".

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.

Whilst suitable policies and procedures were in place for the management of medication, we found information in people's care plans about assistance with medication was limited and unclear.

Appropriate checks were undertaken when new staff started working for the service.

There were systems in place to monitor and assess the quality of the service. People were given the opportunity to complete a customer satisfaction questionnaire twice a year. We saw the results of the questionnaires completed in August 2013 and noted people had a high level of satisfaction with the service.

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

What we have told the provider to do

We have asked the provider to send us a report by 08 November 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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

We spoke with six people using the service and listened to their experiences of care and support provided by the agency. We found all people spoken with were happy with the care they received. One person told us, "Everything is very good, I have no problems whatsoever" and another person commented, "I think they do a brilliant job, I couldn't do without them".

People told us they were able to express their views and were involved in decisions about their care. 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 spoken with were complimentary about the care workers and said they had a good relationship with them. They also told us the staff were punctual and reliable and they had never missed a visit.

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. Information about people's interests and hobbies had been added to the care plan documentation, to enable staff to stimulate meaningful conversation and activities.

People told us the staff respected their rights to privacy and dignity and helped them maintain their independence. People were asked about the quality of the service on an on-going basis and all people spoken with said they felt comfortable expressing their views. We saw evidence to demonstrate that people had been invited to complete a customer satisfaction questionnaire during our visit.

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 staff were flexible and asked them how they wished their tasks to be carried on each visit. One person told us, "They always go the extra mile and do whatever they can to help".

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 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 information gathered as part of an assessment during the inspection.

The manager explained the agency had been chosen to participate in a new project with the local authority, which involved the care of people with dementia. The manager had received intensive training and was in the process of cascading the training to the staff team. As a result of the project a new memory screening test had been introduced as part of the assessment process.

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. One person told us their care plan had been frequently reviewed by staff in line with changing needs and each time it was reviewed a different colour paper had been used. This alerted staff to changes made to the plan.

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 care plans were person centred and presented information in an easy read format. This enabled staff to access pertinent information very quickly. However, the provider may wish to note that one person's care plan provided limited information about how to carry out an aspect of personal care. We spoke with the

person and they told us that on occasion they experienced discomfort when staff were caring for them. We discussed this situation with the manager who agreed to review and update the plan as soon as possible to ensure the person was cared for appropriately.

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.

We 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.

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

Our judgement

The provider was not meeting this standard.

People were not always protected from the risks associated with the unsafe management of medicines.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

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.

Since our last inspection the medication policies and procedures had been fully revised and updated in line with the current legislation. This meant staff had access to appropriate written guidance about the management of medication.

From looking at people's care plans we noted there was a list of people's medication, however, the list did not include prescribed creams. This meant it was unclear what creams had been prescribed and how and when they should be applied. Further to this we noted there were limited instructions in one person's care plan about the way a prescribed cream had to be applied and on occasion the person had experienced discomfort.

We found information in some people's care plans did not reflect the type of assistance provided for people. For instance, one person's plan stated staff prompted medication, but the diary notes indicated staff regularly administered medication. There was also no mention in the plan about applying prescribed creams, however, the care notes stated this was consistently carried out by staff. This meant it was unclear what staff were expected to do to ensure this person's needs were met.

We looked at the staff training records and noted all staff had received medication training within the last 18 months. The manager explained the training comprised of face to face training in a classroom environment which included a competency assessment. A senior member of staff informed us that visual checks were carried out of all new staff to ensure they were competent in handling medication.

Requirements relating to workers

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People were cared for suitably qualified, skilled and experienced staff.

Reasons for our judgement

People spoken with made complimentary comments about the staff team and confirmed they carried out their role well and were good at their job. One person told us "They are marvellous, I really look forward to them visiting every day" and another person commented, "I feel I can trust my carers completely, they are so caring and helpful".

We found there were policies and procedures in place to cover the selection and recruitment of new staff, which were underpinned with an equal opportunities policy. However, the provider may wish to note that the policies and procedures had not been updated in line with the requirements of the current regulations.

During the inspection, we looked in detail at two staff files and from this we could see that the recruitment process included the completion of an application form and an interview. Both new staff had provided a full employment history and a satisfactory explanation of gaps in employment. Relevant checks such as the DBS (Disclosure and Barring Service) and two written references were collated before the staff commenced work with people using the service.

The manager informed us new staff received induction training, which took account of recognised standards and was relevant to their workplace and role. The new starters completed a probationary period of three to six months and shadowed experienced staff for a minimum of 15 hours. This allowed them to become familiar with the agency's policies and procedures and build relationships with people using the service. We saw records of staff induction during the inspection. There were established arrangements for existing staff to complete on-going training.

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 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. We looked at the complaints records during the inspection and noted appropriate arrangements were in place for the investigation and resolution of complaints. An overall log had also been maintained to enable the manager to identify any patterns or trends.

People were given the opportunity to complete customer satisfaction questionnaires twice a year. The questionnaires had last been distributed in August 2013. The results had been collated and analysed and a report of the findings had been distributed to people using the service. From looking at the results we noted 97% of people indicated they were either "very satisfied" or "satisfied".

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 used 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 the 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. These systems could be accessed remotely so it meant visits could be monitored outside office hours.

The agency had preferred provider status with the local authority and the Investor's in People Award. The manager explained the company had recently introduced care awards for the staff and an evening to celebrate staff achievement had been arranged for October 2013.

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 inspection.

This section is primarily information for the provider

✕ Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010
	Management of medicines
	How the regulation was not being met: People were not always protected from the risks associated with the unsafe management of medicines. (Regulation 13)

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 by 08 November 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

About CQC inspections

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

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

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

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

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

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

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

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

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


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


How we define our judgements

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

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

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

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

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

How we define our judgements (continued)

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

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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

Glossary of terms we use in this report

Essential standard

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

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

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

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

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

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

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

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

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

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

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

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

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

Glossary of terms we use in this report (continued)

(Registered) Provider

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

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

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