

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

## Community Life Choices

Unit 9 Navigation Business Village, Navigation  
Way, Ashton-On-Ribble, Preston, PR2 2YP

Date of Inspection: 24 October 2013

Date of Publication:  
November 2013

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

<b>Consent to care and treatment</b>	✓	Met this standard
<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Management of medicines</b>	✓	Met this standard
<b>Staffing</b>	✓	Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓	Met this standard

## Details about this location

Registered Provider	Frewco Services Limited
Registered Manager	Miss Maria Scullion
Overview of the service	<p>This domiciliary care agency can provide assistance with personal care, administration of medication, leisure activities, shopping, preparation of meals and assistance with laundry. These services are provided for a wide range of people including older people and children.</p> <p>The agency also incorporates a specialist recruitment and employment service for individuals wishing to have choice and control over how their needs are met, through utilising self-directed support or direct payments.</p>
Type of service	Domiciliary care service
Regulated activity	Personal care

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## 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 24 October 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 carers and / or family members, talked with staff 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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Service provision included low level support, which is not subject to inspection by the Care Quality Commission. This inspection focussed on the small number of people who received support with personal care.

Arrangements were in place to obtain, and act in accordance with the consent of people using the service. People told us they were fully involved in all aspects of agreeing their support.

Support plans included good details of people's preferences and routines. These were regularly reviewed, with the individual concerned. People were happy with the support they received. One person told us how staff had made a big difference to their confidence and wellbeing, adding "I was very low but am now on the up."

Policies, procedures, staff training and good practice helped to ensure medication was managed safely and appropriately.

The matching of staff with people using the service was given a high priority. People expressed satisfaction with their allocated support staff. One person told us, "She can't do enough for me." Relatives told us; "My son always gets the same person, which really helps and is more settling for him." And "The worker is brilliant and always lets me know how things have been."

Systems were in place to assess and monitor the quality of the service that people received.

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

### Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

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### Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

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### Reasons for our judgement

There were arrangements in place for the service to obtain, and act in accordance with the consent of people using the service.

We looked at the records and support plans for three people using the service. Each file contained a consent form regarding record keeping, sharing information and consulting with other professionals. Individuals also signed this document to give their formal consent to their support plan.

We discussed the arrangements for recording agreement to the support plan with the manager. The paperwork was soon to be reviewed to ensure clarity for all parties.

The support plans we viewed included good details of people's individual preferences. One such record stated a preference for female support staff and this was adhered to. We met this individual on the day of our inspection. They were being supported by a female worker and told us the support arrangements were going well.

The finance policy and procedure included gaining consent for handling service user's finances. We saw a signed agreement in place for one person who had requested their bank card to be kept in safekeeping at the agency office.

Each person using the service received a handbook, a service user guide and a copy of terms and conditions. These documents provided good information regarding the rights and responsibilities of all parties. Details of advocacy services were also provided.

The employee handbook included guidance regarding promoting the independence and personal choices of people who used the service. The staff we spoke with were clear about the action to take should someone refuse the agreed support. Staff also stated that if they had any issues with this area they were able to contact management for support.

People using the service told us they were fully involved in all aspects of their support,

including the assessment process, support planning and reviews.

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

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**Our judgement**

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The provider was meeting this standard.

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

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**Reasons for our judgement**

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Records showed that the needs of people had been carefully assessed before a support plan was agreed. This helped to ensure staff provided appropriate support. Information had also been gathered from other professionals, such as social workers. Records showed that a clear picture of assessed needs was developed.

Support plans included good details of people's abilities, preferences, likes, dislikes and routines. Records clearly showed the expected goals and outcomes for each person. These addressed areas such as leisure, learning and work, managing money, health and well-being, living safely and everyday tasks.

Support plans were regularly reviewed, with the full involvement of the individual concerned. We saw that changes were made as appropriate. For one person the timing of staff support had recently been changed, at their request. The new timings fitted in better with this person's lifestyle and daily routines. A relative of another person explained that one of the managers had contacted them to see how things were going and a review had been arranged to discuss certain changes to the support plan. Regular reviews and discussions helped to ensure support plans remained current and met the changing needs of individuals using the service.

Risk assessments addressed any potential risks in the home environment, plus risks relating to the individual. Risk management plans were reviewed alongside the review of support plans.

People using the service provided positive feedback about the support they received. One person told us how the support arrangements had made a big difference to their confidence and wellbeing, adding "I was very low but am now on the up."

Support plans included contingency plans for emergencies including; if more support was required or if the usual worker was not available. Staff confirmed they had emergency contact numbers and that management support was always available should they need any advice.

Comments from staff included; "The file in the house has emergency contact numbers." "We have an on call number." And "both the managers are approachable and available if I

need advice."

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

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## **Our judgement**

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The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

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## **Reasons for our judgement**

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We looked at the arrangements for supporting people to manage their medicines and how staff managed medicines on behalf of people.

A medication policy was in place and available for staff to access. The policy and guidance included the action for staff to take should an error be made. This meant any problem could be quickly identified and responded to.

Service user files included good information about people's needs in this area. Information included what medication had been prescribed and for what reason. We also saw risk management plans and individualised support plans in place for one person with complex needs regarding their medication. Staff worked closely with health service professionals to ensure these complex needs were met.

Medication administration records included details of the person's GP, any known allergies and space to record any information relating to specific medication issues. Good record keeping helped to ensure health issues could be tracked and responded to.

The training matrix for the service showed that staff undertook medication training. The training programme included an assessment of the staff member's competency in handling medication. This helped to ensure staff followed agreed good practice procedures in this important area of their work.

The staff we spoke with provided various levels of support with medication. This ranged from oversight and prompting, to the actual physical administration of medication. Staff confirmed they had completed relevant training and felt competent in this area of their work. Staff were able to explain how they would respond to medication issues, such as if a person refused to take their prescribed medication.

Relatives we spoke with told us staff were extremely competent and always completed the medication records in the home.

Policies, procedures, staff training and good practice helped to ensure medication was managed safely and appropriately.

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

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## **Our judgement**

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The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

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## **Reasons for our judgement**

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The matching of staff with people using the service was given a high priority. Support plans included a compatibility assessment, which helped the service to identify the most appropriate staff to work with the person concerned. The skills, interests and personality of staff were considered during this matching process. Possibilities would then be discussed with the service user and introductory meetings arranged. Feedback was then gained from all parties before any agreements were made. Back up staff were also introduced, who could cover the absence of the regular worker. This helped to promote consistency of support and meant people were supported by staff who they knew.

Staff received an employee handbook which provided clear information about their role, the principles and values of the service and details of key policies. A code of conduct was also included in the handbook. This information helped to ensure staff understood the expectations of the service and were equipped to carry out their role. We saw that specific training had been provided to equip certain staff to meet the complex needs of one person using the service.

Records showed that staff underwent a thorough induction and were subject to a probationary period. We also saw clear records of staff training and supervision meetings. Regular contact with managers gave good opportunity to address any training or performance issues.

Staff told us they enjoyed working with the same service users and felt it was beneficial to both parties. One staff member told us, "Files gives good information but I like to get to know the person and build up a relationship with them."

The relatives we spoke with told us; "My son always gets the same person, which really helps and is more settling for him." And "The worker is brilliant and always lets me know how things have been. There are plans to introduce another member of staff just in case cover is needed."

People using the service expressed satisfaction with their allocated support staff. One person told us, "She can't do enough for me."

The management structure, systems and human resources policies and procedures

helped to enable the effective maintenance of staffing levels.

## 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

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people received.

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### Reasons for our judgement

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Feedback surveys had been used as part of the quality monitoring process. Different surveys had been provided for people using the service, staff, relatives and external professionals with links to the service. The responses had been mainly positive. We saw changes had been made to the induction programme, in response to feedback from staff. This showed how information had been used to make improvements to the service.

We saw records of supervision meetings with staff. These provided good opportunity to discuss work performance and training issues. Regular supervisions helped ensure staff were working according to agreed standards and were following set procedures. Each member of staff had a personal development plan. Reviews of support plans took place and these gave managers good opportunity to observe staff in their support role.

Staff told us they received good support from managers, who went out of their way to give positive feedback to staff about how well they were working. We found that staff always had access to a manager for advice.

People who used the service and their relatives told us they knew how to contact a manager at the office if they had any queries or concerns. They told us they were able to give their views about the service and these were acted on. People told us they were regularly asked if they were happy with the service and that reviews of the support plan took place. We were told; "I've been really happy with them." And "I've been asked if I am ok with everything and I told them I was very pleased indeed."

There was a formal quality monitoring system in place. However, as the provision of personal care was relatively new, some aspects of quality assurance were still in their infancy.

Risks were identified and managed. Procedures were in place for incident and accident recording and monitoring. The training matrix showed that staff completed appropriate health and safety training. These measures helped to promote the health and safety of staff and people using the service.

## 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

### 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)

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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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