

Review of compliance

Quality Care Services At Home
Quality Care Services At Home

Region:	North East
Location address:	Quality Care Services At Home 47 Thornwood Avenue Ingleby Barwick Stockton-on-Tees Cleveland TS17 0RS
Type of service:	Domiciliary
Date the review was completed:	March 2011
Overview of the service:	<p>Quality Care Services At Home is a domiciliary care agency which provides care and support to people in their own homes.</p> <p>The agency operates from the owner/manager's home address in Stockton-on-Tees.</p>

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

What we found overall

We found that Quality Care Services At Home were meeting all the essential standards of quality and safety we reviewed but, to maintain this, we have suggested that some improvements are made.

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, we carried out a visit on 16 Feb 2011, we talked to people who use services, we talked to staff, we checked the provider's records, and looked at records of people who use services.

What people told us

'Staff listen and act on what I say, they respect you' and 'they do what you ask them to', 'I approached the agency as they looked after my husband previously, they were absolutely marvellous, staff are so caring, marvellous in fact.', 'the manager chooses lovely girls, they are very well trained' and 'new staff are always introduced and come accompanied'.

What we found about the standards we reviewed and how well Quality Care Services At Home 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

People have their individual needs and wishes respected. They are encouraged to make choices and decisions about all aspects of their care.

Overall, we found that Quality Care Services at Home was meeting this essential standard but, to maintain this, we have suggested that some improvements are made.

Outcome 2: Before people are given any examination, care, treatment or support, they should be asked if they agree to it

The agency has policies and procedures in place and provides staff with training to ensure that consent from people is gained.

Overall, we found that Quality Care Services at Home was meeting this essential standard.

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

We found that people are receiving a reliable service and that their care needs are being met.

Overall, we found that Quality Care Services at Home was meeting this essential standard

Outcome 5: Food and drink should meet people's individual dietary needs

We found no concerns about the agency meeting people's needs in relation to their nutrition and hydration. People are supported where this is needed.

Overall, we found that Quality Care Services at Home was meeting this essential standard.

Outcome 6: People should get safe and coordinated care when they move between different services

People receive care from other professionals where needed and there are effective systems in place to inform others of people's changing needs.

Overall, we found that Quality care Services at Home was meeting this essential standard.

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

The agency has good systems in place for dealing with any allegations of abuse but should provide additional up to date training for all staff.

Overall, we found that Quality Care Services at Home was meeting this essential standard.

Outcome 8: People should be cared for in a clean environment and protected from the risk of infection

The agency has appropriate infection control systems in place to protect staff and people using the service from the risk of infection.

Overall, we found that Quality Care Services at Home was meeting this essential standard

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

In the main systems to support people with their medication are good. It would be beneficial for staff to receive some recognised certified training in the safe handling of medicines.

Overall, we found that Quality Care Services at Home was meeting this essential standard but, to maintain this, we have suggested that some improvements are made.

Outcome 10: People should be cared for in safe and accessible surroundings that support their health and welfare

There are systems in place to protect people working for and using the service.

Overall, we found that Quality Care Services at Home was meeting this essential standard

Outcome 11: People should be safe from harm from unsafe or unsuitable equipment

Assessments and training are provided so that any equipment in place can be used safely.

Overall, we found that Quality Care Services at Home was meeting this essential standard

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

The agency has good recruitment systems in place which protect people.

Overall, we found that Quality Care Services at Home was meeting this essential standard

Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs

Overall, people are supported by a consistent team of staff and the service that they receive is reliable.

Overall, we found that Quality Care Services at Home was meeting this essential standard

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Staff are well supported by the agency but need additional training to ensure that their skills and knowledge are kept up to date.

Overall, we found that Quality Care Services at Home was meeting this essential standard but, to maintain this, we have suggested that some improvements are made.

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

The agency has good systems in place for gaining feedback from people both formally and informally.

Overall, we found that Quality Care Services at Home was meeting this essential standard

Outcome 17: People should have their complaints listened to and acted on properly

The agency has good systems in place for managing complaints.

Overall, we found that Quality Care Services at Home was meeting this essential standard

Outcome 21: People's personal records, including medical records, should be accurate and kept safe and confidential

Records were well maintained, accurate and stored securely.

Overall, we found that Quality Care Services at Home was meeting this essential standard

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.

Other information

Please see previous review reports for more information.

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

There are minor concerns with outcome 1: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

We found that people who use services are generally satisfied with the care and support they receive. Comments from people include, 'Staff listen and act on what I say, they respect you' and 'they do what you ask them to' and 'I have carers twice daily but am not asked what time I would like this, they come too early some days'. People are involved in their assessments and have agreed with their plans of care.

Other evidence

The provider declared compliance with this outcome at this service at the point of registration under the Health and Social Care Act 2008.

We looked at the transitional application for registration. The provider was asked how they ensured that the views and experiences of people who use services are listened to and acted upon. They said, 'We wish to actively involve people in every aspect of our service delivery in order to improve outcomes and we want to continually improve the quality and responsiveness of our service. We are in constant dialogue with the people who use our service, though regular

service reviews. We hold regular staff meetings and sometimes invite families or advocates of our users to comment and suggest improvements to our service'.

The care records looked at during the site visit show that people are involved in planning the care that they receive. They meet with the manager prior to any care being offered to ensure that it is suitable for their needs. They are encouraged to be involved in drawing up their individual care plan.

People spoken with during the site visits confirmed that they were treated with respect and were supported in making decisions.

We looked at how staff were allocated and discussed this with people using the agency. The agency doesn't have set staff but staff are allocated to work with the same people where possible. Some people who were supported by the agency had rotas so that they knew who was coming and when. Others were not aware and one person spoken to said that she struggled with the morning calls as they were too early. This meant that staff either woke her up or that she was up early and could be waiting for long periods before staff arrived. Although it is acknowledged that people cannot be given definite arrival times, the agency should look at this and try to find a better system so that people are not waiting for long periods. A staff member said, 'all calls have times but they are flexible'.

Our judgement

We found that people are involved with their assessment and care plan. However not all people had care delivered at the time that they wanted, this should be addressed.

Outcome 2: Consent to care and treatment

What the outcome says

This is what people who use services should expect.

People who use services:

- Where they are able, give valid consent to the examination, care, treatment and support they receive.
- Understand and know how to change any decisions about examination, care, treatment and support that has been previously agreed.
- Can be confident that their human rights are respected and taken into account.

What we found

Our judgement

The provider is compliant with outcome 2: Consent to care and treatment

Our findings

What people who use the service experienced and told us

The people that we spoke with said that they had been consulted about their care needs. This was evidenced within care records.

Other evidence

The provider declared compliance with this outcome at this service at the point of registration under the Health and Social Care Act 2008.

Two sets of care records were viewed during the site visit. There was evidence to show that people were being consulted and were signing their agreement to their care plan. Where possible people are asked to give their consent to any care, treatment or support.

There are policies and procedures in place to support staff where people are unable to give their consent and best interest decisions would always be made with the input of other professionals. However, training should also be provided for all staff on the Mental Capacity Act (MCA) and Deprivation Of Liberty (DOL's). This has been cross referenced under outcome 14.

Our judgement

The home has policies and procedures in place to ensure that consent from people is gained. Additional training in the Mental capacity Act would be beneficial to staff.

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

The provider is compliant with outcome 4: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

In the main, people were positive about the care and support that they received. People said, 'I have a copy of my care plan, it's there if I want it', and 'I approached the agency as they looked after my husband previously, they were absolutely marvellous, staff are so caring, marvellous in fact.'

Other evidence

The provider declared compliance with this outcome at this service at the point of registration under the Health and Social Care Act 2008.

We asked the provider to complete a provider compliance assessment (PCA) for this outcome. The provider compliance assessment (PCA) is a tool that providers can use as a routine internal assurance record. It provides CQC with information about how the agency are meeting an outcome area. They said, 'We are a small domiciliary care company established in 2001, we operate from one location and have twenty members of staff, we do, in our opinion, provide a good quality service and we have acquired a good reputation with the service users and other care professionals in our local area of operation.'

The agency contract for North Yorkshire County Council (NYCC) which accounts for approximately 50% of our workload, care packages from NYCC already have a

personal support plan completed by the NYCC care manager. Where care packages are privately funded and NYCC are not involved, the registered manager will meet with the individual or their representative to agree a support plan that meets their needs and preferences prior to care commencing.

All new care packages, are initially setup by either the registered manager or one of the senior care staff. Risk assessments and care plans are completed and people are given a 'Service User Guide' describing the company's statement of purpose and our aims and objectives.

All care plans are reviewed regularly and alterations are made with the agreement of the individual.

We have effective risk management in place. An initial risk assessment is completed before care commences. As we provide care in the individual's home, we ask that where possible a safe working environment is provided for themselves and the care workers by removing or rectifying identified risks. The care workers get guidance on safe working practices in their care guide and they are trained to report risks to the registered manager.

Staff are trained to work closely with other care professionals such as General Practitioners, District Nurses, Paramedics and other specialists.

If an individual is feeling unwell the care worker will call a GP, the details of the doctor are kept with the care plan at the individual's home and the details are accessible to the care worker. If the problem is more acute the care worker will call 999 for the Paramedics service.

If District Nurses are involved with the care package care workers will report to the district nurses via the local medical centre any concerns they have regarding regular treatments.

We work closely with the GP's and District Nurses when providing end of life care to service users to ensure effective pain relief is available and we report any changes to the relevant medical professional.

In "end of life care" when possible we discuss in advance with the individual or their family members their wishes to clarify what level of intervention for resuscitation is acceptable to them. Also we ask for a list of people that may wish to be with the individual at the end of their life. This is to ensure the service user can have privacy, dignity and comfort in the final stages.

We looked in detail at the care records for two people. We also looked at other care records when we visited people at their homes. One of the care plans looked at in detail was for a new client who has just started to use the agency, the other was for an existing client who had been using the agency since November 2010.

Care plans were basic but gave an overview of each area of need. They included risk assessments to minimise risks to individuals'.

Care plans are signed by the individual where possible. The agency are developing a new care plan and this was looked at during the site visit. It provides more information and detail than the current tool and is seen as a positive improvement.

Our judgement

We found that people are receiving a reliable service and that their care needs are being met.

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Outcome 5: Meeting nutritional needs

What the outcome says

This is what people who use services should expect.

People who use services:

- Are supported to have adequate nutrition and hydration.

What we found

Our judgement

The provider is compliant with outcome 5: Meeting nutritional needs

Our findings

What people who use the service experienced and told us

'The girls come in and make me a sandwich, my daughter in law does my shopping' and 'they help me by making my breakfast'.

Other evidence

The provider declared compliance with this outcome at this service at the point of registration under the Health and Social Care Act 2008.

We asked the provider to complete a provider compliance assessment (PCA) for this outcome area.

They said, ' As a small domiciliary care provider we prepare meals and drinks in the clients own home. We provide our staff with training on principles of food hygiene which cover the preparation and storage of produce.

People with specific dietary needs, for example Diabetes or those with difficulties swallowing are identified in the care plan. Care workers are made aware and follow the guidelines in the care plan.

Where people are deemed at risk of dehydration or have an unbalanced diet, care workers are instructed to record what is eaten and drank during each care visit in the care notes. The care notes can then be reviewed by the Manager and action can be taken if appropriate.

Care workers are trained to give people a choice in what they eat and drink, respecting privacy and dignity and promoting independence is encouraged in all aspects of the care we provide.

Some clients have shopping calls and staff purchase food on their behalf. We then provide adequately spaced care calls to provide them with the food and drink of their choice'.

Our judgement

We found no concerns about the agency meeting people's needs in relation to their nutrition and hydration. People are supported where this is needed.

Outcome 6: Cooperating with other providers

What the outcome says

This is what people who use services should expect.

People who use services:

- Receive safe and coordinated care, treatment and support where more than one provider is involved, or they are moved between services.

What we found

Our judgement

The provider is compliant with outcome 6: Cooperating with other providers

Our findings

What people who use the service experienced and told us

People who use the service confirmed that the agency would liaise with other professionals where this was needed.

Other evidence

The provider declared compliance with this outcome at this service at the point of registration under the Health and Social Care Act 2008.

There was evidence within care files that other professionals had been consulted where needed.

One staff member said, 'I arrived for a call and the lady was clearly unwell, I contacted the GP and waited until her daughter arrived. There was no pressure from the agency for the member of staff to move onto the next call until the daughter had arrived'.

There was evidence within care files that reviews had taken place from people's Social Workers.

Our judgement

People receive care from other professionals where needed and there are effective systems in place to inform others of people's changing needs.

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

The provider is compliant with outcome 7: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

People said, 'Any concerns or worries I would speak to the manager'. Each person using the agency is given a 'service users guide' which includes a section on abuse, adult protection and whistle blowing.

Other evidence

The provider declared compliance with this outcome at this service at the point of registration under the Health and Social Care Act 2008.

We asked the provider to complete a provider compliance assessment (PCA) for this outcome area. They said, 'Care workers are given on their first day a "Care Worker Guide", which they read and keep. It provides extensive information on the types of abuse, it also provides information on safeguarding and whistle blowing policies. By providing care workers with detailed information on how to recognise and report abusive practice or behaviour, the agency are able to react quickly to situations where abuse may be occurring.

The agency has clear and robust adult protection policies for safeguarding which have been developed in conjunction with the local authority'.

We talked to staff about abuse and whistleblowing (telling someone). All of those spoken to said that they would report any concerns. The majority of staff said that they hadn't received any specific training in safeguarding, although this was included as part of the induction. This should be provided. This has been cross referenced to outcome 14.

Our judgement

The agency has good systems in place for dealing with any allegations of abuse but should provide additional up to date training for all staff.

Outcome 8: Cleanliness and infection control

What the outcome says

Providers of services comply with the requirements of regulation 12, with regard to the *Code of Practice for health and adult social care on the prevention and control of infections and related guidance*.

What we found

Our judgement

The provider is compliant with outcome 8: Cleanliness and infection control

Our findings

What people who use the service experienced and told us

Staff are provided with gloves and aprons for carrying out any personal care tasks.

Other evidence

The provider declared compliance with this outcome at this service at the point of registration under the Health and Social Care Act 2008.

No concerning information has been received from other stakeholders.

Personal protective equipment such as gloves and aprons are provided to all staff. All staff have received infection control training as part of their induction. The agency should look at ways to update people's training to ensure that it is based on current practice. This has been cross referenced to outcome 14.

Care plans include risk management relating to infection control and use of personal protective equipment.

Our judgement

The agency has appropriate infection control systems in place to protect staff and people using the service from the risk of infection.

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 minor concerns with outcome 9: Management of medicines

Our findings

What people who use the service experienced and told us

People said, 'I get help with my eye drops', 'they remind me to take my medicine, just verbal prompts' and 'I take my own medicines, I don't need help with this'.

Other evidence

The provider declared compliance with this outcome at this service at the point of registration under the Health and Social Care Act 2008.

The agency has a policy in place for medication. There are different levels of medication support from observation, verbal prompts or full administration dependant on the individual clients needs.

Medication training is provided 'in house' by the agency. They also carry out competency assessments on staff. It is recommended that additional training in medication is provided to ensure that staff have the appropriate skills and knowledge to support people.

Staff are unable to prepare medication, give injections or change dressings. If any of these are required support would be gained from the district nurse or GP.

Our judgement

In the main systems to support people with their medication are good. It would be beneficial for staff to receive some recognised certified training in the safe handling of medicines.

Outcome 10: Safety and suitability of premises

What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

- Are in safe, accessible surroundings that promote their wellbeing.

What we found

Our judgement

The provider is compliant with outcome 10: Safety and suitability of premises

Our findings

What people who use the service experienced and told us

People who use the service confirmed that risk assessments were carried out prior to any service being delivered.

Other evidence

The provider declared compliance with this outcome at this service at the point of registration under the Health and Social Care Act 2008.

All of the care files viewed contained risk assessments on the environment, this included; electric, gas, fire, pets and manual handling.

The manager confirmed that risk assessments were always carried out prior to any service being agreed. These are reviewed and updated regularly.

Our judgement

There are systems in place to protect people working for and using the service.

Outcome 11: Safety, availability and suitability of equipment

What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

- Are not at risk of harm from unsafe or unsuitable equipment (medical and non-medical equipment, furnishings or fittings).
- Benefit from equipment that is comfortable and meets their needs.

What we found

Our judgement

The provider is compliant with outcome 11: Safety, availability and suitability of equipment

Our findings

What people who use the service experienced and told us

We did not gain any feedback from people in this outcome area.

Other evidence

The provider declared compliance with this outcome at this service at the point of registration under the Health and Social Care Act 2008.

Risk assessments are in place and include any manual handling aids or equipment to be used. All staff would receive training prior to any equipment being used.

Our judgement

Assessments and training are provided so that any equipment in place can be used safely.

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

The provider is compliant with outcome 12: Requirements relating to workers

Our findings

What people who use the service experienced and told us

'People were positive about the people that provided care and support. They said, 'Staff are absolutely marvellous', 'the manager chooses lovely girls, they are very well trained' and 'new staff are always introduced and come accompanied'.

Other evidence

We asked the provider to complete a provider compliance assessment (PCA) for this outcome. They said, 'All care workers employed by the company under go an enhanced police check when they accept a job offer to work for the company. We also carry out an independant safeguarding authority (ISA) 1st Check, before they are allowed to work on their own with service users.

Each new care worker fills out a medical questionnaire on their job application form so we can assess any risks that a pre-existing medical condition may pose, prior to an offer of employment being made. We also check care worker written skills (a written questionnaire is completed by potential employee) and their verbal skills during the face to face job interview with the homecare manager.

The agency is a small domiciliary care company employing 20 people. Every new care worker had an induction with the Homecare Manager, who has been in post for the last nine years. During induction the care worker receives a " Care Worker

Guide" and has the companies key policies and procedures explained to them. All care workers are then taken out for two weeks shadow training by either the Home Manager or with senior carers with NVQ Level 3 qualifications.

Care workers that do not have NVQ Level 2 qualification then complete the "Skills for Care" common induction standards workbooks over the first few months while undergoing further shadow training and supervision when required. Care workers new to care are then put forward to complete their NVQ Level 2 within the first twelve months'.

We looked at staff records for three people. All contained the required information which includes two written references and a police check. The agency also gain two verbal references as well which is excellent practice.

Staff were very positive about working for the agency and all said that they enjoyed their jobs.

Comments from them include, 'I had an induction when I started, then I met clients and shadowed another member of staff for two weeks. I also read care plans so I knew what care people needed'.

'I really enjoy my job' and 'we get given a list of policies and procedures when we start, these are included within the staff handbook, it's a friendly company with good training'.

Our judgement

The agency has good recruitment systems in place which protect people.

Outcome 13: Staffing

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 sufficient numbers of appropriate staff.

What we found

Our judgement

The provider is compliant with outcome 13: Staffing

Our findings

What people who use the service experienced and told us

'Staff are absolutely marvellous', 'you don't know who your going to get', 'there's no set time for calls, just mornings or afternoons'.

Other evidence

The provider declared compliance with this outcome at this service at the point of registration under the Health and Social Care Act 2008.

We looked at how staff were allocated and discussed this with people using the agency. The agency doesn't have set staff but staff are allocated to work with the same people where possible. Some people who were supported by the agency had rotas so that they knew who was coming and when, this should be considered for all people using the service. A staff member said, 'all calls have times but they are flexible'.

We spoke to some staff who confirmed that in the main they visited the same group of clients. They also confirmed that they would never carry out a visit to someone without being formally introduced with another member of staff first. This ensures that people do not have people they don't know turning up at their home.

Our judgement

Overall, people are supported by a consistent team of staff and the service that they receive is reliable.

Outcome 14: Supporting 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 competent staff.

What we found

Our judgement

There are minor concerns with outcome 14: Supporting workers

Our findings

What people who use the service experienced and told us

We did not gain feedback from people using the service in this outcome area.

Other evidence

The provider declared compliance with this outcome at this service at the point of registration under the Health and Social Care Act 2008.

All of the staff spoken to during the site visit said that they were well supported. They all said that they could contact the manager at any time if they had any concerns.

Supervision is provided every six to eight weeks. One staff member said, 'We discuss training and look at any improvements, we get feedback on our performance', 'we get peer support during meetings, I don't call into the office every day but there is always someone there to support you if needed. Another said, 'I am very impressed by the company, we get well supported and have our rotas in advance so we know what we are doing. Its friendly and the training is good'.

We looked at staff training records and the training matrix provided by the agency. We discussed training with the manager and staff. Although training is provided by the agency, we felt that staff would benefit from some additional certified training, this includes safeguarding adults from abuse, the Mental Capacity Act and

dementia awareness.

The training matrix should also include updates to training given on induction such as infection control and health and safety to ensure that staff are up to date with legislation.

We spoke to staff who said, 'I have had training in first aid, food hygiene and manual handling', 'I had training in how to use the hoist and medication training as part of my shadow training. We sometimes support people with memory difficulties or dementia, I haven't had any training in dementia'.

Our judgement

Staff are well supported by the agency but need additional training to ensure that their skills and knowledge are kept up to date. This should include safeguarding adults from abuse, the Mental Capacity Act, dementia and updates to infection control and health and safety training.

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

The provider is compliant with outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

People were positive about the care provided and said that they were regularly asked for their views and opinions. Comments include, 'The manager comes to visit and asks if you are happy' and 'they come and ask me how the service is going'.

Other evidence

The provider declared compliance with this outcome at this service at the point of registration under the Health and Social Care Act 2008.

We asked the provider to complete a provider compliance assessment (PCA) for this outcome area. When a new care package is setup for a service user, a "Carebook" is place in the service users home. The "Carebook" has a copy of the care plan, the risk assessment, a COSHH leaflet, a complaints form, an accident form, Client timesheets and several pages of pre-printed blank carenotes.

On each care visit to a service users home the carer will fill in the timesheet, entering the time of arrival and the time of leaving this is counter signed by the service user. These forms are returned to the office and random sample checked to ensure they are completed at the times specified on the work schedules. Also on

each visit the care workers write "carenotes" detailing the tasks performed and the outcome of the visit, these "carenotes" are collected and returned to the office where they are randomly read by the Homecare Manager before being filed in the service users office file. We therefore have a historical record of all the care calls for the service user with carenotes detailing each call.

As well as recording day to day information we send out regular "Quality Assurance Questionnaire"s to clients and gather information about their experience of the service, we ask them to rate us on various criteria and ask what is their overall satisfaction with the service. We also ask for suggestions on improving the service and leave space on the form for any other comments they would like to make about the service'.

We receive some written compliments, the last were:

'As always thanks to everyone in the team for the excellent service that they provide my parents, enabling them to continue living safely in their own home'.

'Your staff arrived full of cheer and on time despite the appalling weather which was stacked against them, it was very well done. Please thank them and yourselves'.

The homecare manager has regular care reviews with clients and their families to discuss changing needs and to discuss any concerns the individual may have with the care they are receiving.

They said, 'We regularly gather information from service users and adapt and improve our service. We use service reviews, service questionnaire and feedback from care workers'.

Our judgement

The agency has good systems in place for gaining feedback from people both formally and informally.

Outcome 17: Complaints

What the outcome says

This is what people should expect.

People who use services or others acting on their behalf:

- Are sure that their comments and complaints are listened to and acted on effectively.
- Know that they will not be discriminated against for making a complaint.

What we found

Our judgement

The provider is compliant with outcome 17: Complaints

Our findings

What people who use the service experienced and told us

Each person using the service is given a copy of the 'service users guide'. This includes a copy of the complaints procedure and who to contact should they need to complain.

Other evidence

One complaint had been made directly to the Care Quality Commission, this was passed back to the agency for them to look at. The complaint was found to be unsubstantiated.

The agency has policies and procedures in place for people to make complaints. They also meet with clients regularly to gain feedback from them and deal with any concerns which they may have.

The complaints procedure needs amending to reflect the role of the local authority in investigating complaints.

All of the people spoken to throughout the site visit said they would have no hesitation in raising any concerns.

Our judgement

The agency has good systems in place for managing complaints.

Outcome 21: Records

What the outcome says

This is what people who use services should expect.

People who use services can be confident that:

- Their personal records including medical records are accurate, fit for purpose, held securely and remain confidential.
- Other records required to be kept to protect their safety and well being are maintained and held securely where required.

What we found

Our judgement

The provider is compliant with outcome 21: Records

Our findings

What people who use the service experienced and told us

Records are safely stored, accurate and kept up to date. They reflect the individual person's needs.

Other evidence

The provider declared compliance with this outcome at this service at the point of registration under the Health and Social Care Act 2008.

A number of records were looked at during this planned review. This included care records for people being supported, staff recruitment records, policies and procedures and information which we requested from the provider to help inform this planned review. Records are securely held at the Quality Care Services at Home office. Records are only accessible to those who need to have access to them.

Our judgement

Records were well maintained, accurate and stored securely.

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	17	1: Respecting and involving people who use services.
	Why we have concerns: We found that people are involved with their assessment and care plan. However not all people had care delivered at the time that they wanted, this should be addressed.	
Personal care	13	9: Management of medicines
	Why we have concerns: In the main systems to support people with their medication are good. It would be beneficial for staff to receive some recognised certified training in the safe handling of medicines.	
Personal care	23	14: Supporting workers
	Why we have concerns: Staff are well supported by the agency but need additional training to ensure that their skills and knowledge are kept up to date. This should include safeguarding adults from abuse, the Mental Capacity Act, dementia and updates to infection control and health and safety training.	

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.

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 Adult 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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