



# Review of compliance

## Prime Care Community Services Limited – Bournemouth

<b>Region:</b>	South West
<b>Location address:</b>	Lower Ground Floor Streate Place St Peter's Road Bournemouth Dorset BH1 2LT
<b>Type of service:</b>	Domiciliary Care Services
<b>Date the review was completed:</b>	11 <sup>th</sup> February 2011
<b>Overview of the service:</b>	Prime Care Community Services Limited provides support to people in their own homes. The Bournemouth branch of the agency is located near the centre of the town and serves people who live in the Bournemouth and Poole areas. Care is provided to adults with a range of needs including older people and people with disabilities, mental health needs and dementia.

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

## What we found overall

**We found that Prime Care was 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

As part of our compliance review we reviewed all the information we hold about the service including their application to register with the Commission. The agency also sent us information about how they are aiming to meet the essential standards when we requested it. We carried out a visit to their office premises on 7<sup>th</sup> February 2011 when we looked at a range of records about people who use the service and care workers employed to provide their support. We talked to some people who use the service about their experiences of using the agency and obtained their views about the care they receive.

### What people told us

People who use the service told us that they had good working relationships with the care workers who visited them. They said they felt they were treated with respect and that care workers were mindful of their dignity. People reported that the service was reliable and they were kept informed of any changes. They also told us that the

agency was flexible if they wanted to make changes to their visits and did their best to accommodate them.

People said that care workers were thorough in the way they helped them with their personal care needs. We heard that care was given to them in a sensitive and gentle way and that care workers were vigilant to changes in their health. People told us that care workers wore aprons and gloves as necessary to minimise risks of cross-infection.

The people we spoke to had confidence in care workers' abilities to meet their needs. They felt their care workers understood them well.

People reported that there was good communication from the office staff regarding their care and they felt able to approach the agency with any concerns. People had confidence that their concerns would be taken seriously by the agency and responded to appropriately.

## **What we found about the standards we reviewed and how well Prime Care 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 are treated with respect and are enabled to be involved in making decisions about the support they receive.

- Overall, we found that Prime Care was meeting this essential standard.

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

The agency consults with people about the care they are to receive. They are improving their documentation to ensure that issues around consent are more fully reflected.

- Overall, we found that Prime Care was meeting this essential standard.

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

People receive care that is person-centred and meets their individual needs and wishes. Care documentation is being improved to ensure that it provides information on how people want to be supported.

- Overall, we found that Prime Care was meeting this essential standard.

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

People who use the service are satisfied with the support they receive around eating and drinking and are offered choices. The agency is reviewing their care documentation to ensure that people's needs and preferences are clearly recorded.

- Overall, we found that Prime Care was meeting this essential standard.

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

The agency has some systems in place to promote communication between themselves and other parties for the benefit of people who use the service and is taking action to make these processes more robust.

- Overall, we found that Prime Care was meeting this essential standard.

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

The agency has procedures in place to keep people safe from harm.

- Overall, we found that Prime Care 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 procedures in place to ensure that people who use the service are protected from the risks of cross-infection.

- Overall, we found that Prime Care was meeting this essential standard.

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

The agency has some systems in place to ensure people receive the medication they need but they have agreed to make improvements to ensure that their procedures are fully robust. This will help ensure that people are fully protected.

- Overall, we found that Prime Care was meeting this essential standard but, to maintain this, we have suggested that some improvements are made.

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

Procedures are in place to promote a safe approach to the use of equipment.

- Overall, we found that Prime Care 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 suitable procedures in place to ensure that people they recruit are safe to work with people who use the service.

- Overall, we found that Prime Care 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**

The agency has sufficient numbers of staff to ensure that people receive a reliable and flexible service that is responsive to their needs.

- Overall, we found that Prime Care was meeting this essential standard.

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

The agency ensures that care workers are competent in meeting people's needs through the provision of training and ongoing support.

- Overall, we found that Prime Care was meeting this essential standard.

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

There are a number of systems in place within the agency to ensure that standards of care are maintained. People can have confidence that the agency has the support of the provider organisation to meet its aims and objectives and ensure the effective delivery of care.

- Overall, we found that Prime Care was meeting this essential standard.

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

People feel able to raise concerns with the agency about the care they receive and know that they will be taken seriously.

- Overall, we found that Prime Care was meeting this essential standard.

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

The agency has a system in place to ensure that records required by law are maintained appropriately and that people's confidentiality is respected.

- Overall, we found that Prime Care was meeting this essential standard.

**Action we have asked the service to take**

We have asked the provider to send us a report within 28 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

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

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

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

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

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

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

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

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

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

# Outcome 1: Respecting and involving people who use services

## What the outcome says

This is what people who use services should expect.

People who use services:

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

## What we found

### Our judgement

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

### Our findings

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

People who use the service told us;

'They are very good...they are taught not to take people for granted. They offer me choices or make suggestions about what I might like';

'I get on well with all of them';

'They treat me with great respect'.

The people we spoke to told us that care workers were reliable and generally on time when they visited. They told us that they had not experienced missed visits from the agency. They also told us that they were kept informed of changes to their schedule, for example if care workers were running late. People told us that they had good relationships with their care workers and enjoyed their company. One

person reported that they had requested a change in time of their visits and this had been acted upon by the agency. This meant that they now received visits at a more convenient time that fitted in with their routine. People also reported that the agency was flexible with their visits and worked around them when they had hospital appointments to attend. People told us that they knew their care workers and that they received a list each week so they knew who would be visiting them and at what time.

### **Other evidence**

The agency's Service User Guide gives the reader information about the key principles of the service and their rights to privacy, dignity, independence, security, choice and fulfilment. This helps people understand what they can expect from their care.

We also saw that people's preferences in relation to their visit times had been documented in their assessment documentation.

### **Our judgement**

People are treated with respect and are enabled to be involved in making decisions about the support they receive.

## **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**

People told us that they knew about their care plan and knew where it was located in their home. They also told us that the agency had discussed their care with them so they were aware what the service could provide. One person told us that when care workers attended to their personal care they always asked them 'Would you like me to help you with this' before carrying out the task.

##### **Other evidence**

Most of the care plans we looked at had been signed by the person concerned to indicate their agreement with the content. For one person who uses the service the agency had written that the service user was unable to sign. This was because the person has dementia. There was no written evidence that the agency had consulted with the person's family or representative about the care plan although when we talked to a relative they told us that the agency had liaised with them. This issue was highlighted in an audit undertaken on behalf of the agency in December 2010. The agency has told us that they will be taking action to address issues

identified by the audit.

**Our judgement**

The agency consults with people about the care they are to receive. They are improving their documentation to ensure that issues around consent are more fully reflected.

## **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**

Comments we received about the service included;

'They have been very good. I couldn't wish for any better';

'They don't skip things. They are thorough. If they are doing a job they do it well';

'They think about the little things like putting the towel on the radiator for me after I have had my wash'.

One person gave an example of how care had been delivered in a sensitive way when their relative had been incontinent. They told us that the care worker took the time to ensure they were fully clean and safe before leaving. They were impressed with the care worker's positive attitude towards the incident and their willingness to help.

Another person told us that care workers were gentle and careful in the way they helped them to have a wash.

One relative told us that the care workers were good at sharing information with them about their family member's needs; 'They notice any changes. They tell me immediately if there are any problems'. They told us that this was positive because it meant that they could contact the relevant health care professional about the concerns.

We also heard how care workers had responded appropriately when the relative of a person who uses the service had fallen during their visit. Care workers had been mindful of health and safety issues and had contacted emergency services to ensure appropriate assistance was provided. The relative was particularly reassured by the fact that the care workers then returned later that day to check on their welfare.

### **Other evidence**

We found that there was clear information in the agency's Service User Guide about what the agency can and cannot provide as part of a package of care. This helps ensure that people have information about the service and the role of the care worker. The Guide also contains information about how the agency provides support from the point of referral, through to assessment of people's needs and the delivery of care. Again, this helps ensure that people understand the process by which their care is arranged.

We looked at a sample of care plans for people who use the service. These were clear and structured but tended to be task-oriented and did not always include enough detail about individuals' preferences and how they like their care delivered. For example, information to indicate that care workers needed to assist the individual with a wash did not give further information about how the task should be carried out, what the person could do for themselves and where they required help. The care plan for another person indicated that they could be verbally aggressive and lacked motivation to do things for themselves. There was no further information about how care workers should respond in the event of the person being aggressive or how they could motivate them. We noted that these issues had been highlighted in an audit carried out on behalf of the agency in December 2010. The agency have told us that they are already taking action to address this by reviewing their care planning systems to ensure that there is more information about how people want their personal care carried out and how people's specific needs may impact on care delivery.

We looked at one care plan for a person who had recently had a stay in hospital. We saw that the care plan had been reviewed and updated following their discharge to ensure it was an accurate reflection of their needs. Risk assessment documentation regarding home environments had been completed for all the people whose records we sampled.

### **Our judgement**

People receive care that is person-centred and meets their individual needs and wishes. Care documentation is being improved to ensure that it provides information on how people want to be supported.

## **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 people we spoke with during our review were satisfied with the food and drinks that were provided for them by care workers and told us they were given choices.

One person told us;

This morning a carer offered to make me a mug of hot Bovril instead of a cup of tea. I appreciated that as I would not have thought of it myself. I really enjoyed it.'

##### **Other evidence**

We looked at a sample of assessments and care plans for people who use the service. Care plans indicated where care workers would be involved in the preparation of food and drink for individuals. However, information about people's needs and preferences in relation to food and drink in care documentation varied with some care plans giving more information than others. The audit that took place on behalf of the provider in December 2010 identified that nutrition is seen by the organisation as an area that would benefit from further work. We have been told by the provider that action is being taken to ensure that more detailed information on diet and fluid intake is included in people's care documentation as a result of this audit and our compliance review.

We looked at training information given to care workers and saw that there is specific information on nutrition that is delivered as part of the agency's induction programme. This includes information on how to present food to people taking into account their individual needs and information on a 'balanced diet'.

### **Our judgement**

People who use the service are satisfied with the support they receive around eating and drinking and are offered choices. The agency is reviewing their care documentation to ensure that people's needs and preferences are clearly recorded.

## **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**

The people we spoke with during our review did not express any concerns about the care they received. People told us that they felt their needs were met.

##### **Other evidence**

We spoke to a care worker from another agency who has contact with Prime Care workers as a result of their joint involvement in providing support to one person. They told us that there is good communication between the agencies with regards to the person's welfare and that this enabled any issues or concerns to be discussed.

The involvement of health and social care professionals in people's care was indicated on people's care records including the contact details of their general practitioner.

The manager of the agency gave us examples of how communication between agencies and the funding authority had taken place during a recent transfer of people who use the service. She told us that this had helped with promoting a smooth transfer of care.

The audit that was undertaken on behalf of the provider in December 2010 identified that the service would benefit from documentation designed to pass on key information to other providers, for example if a person was admitted to hospital or the agency was actively working with another care provider to meet an individual's needs. At the time of our compliance review the agency was due to meet as a senior management team to discuss the outcome of the audit and put a plan in place to ensure areas identified for improvement were met.

### **Our judgement**

The agency has some systems in place to promote communication between themselves and other parties for the benefit of people who use the service and is taking action to make these processes more robust.

## **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 told us that they felt safe receiving care and felt that they had control over the support they receive.

##### **Other evidence**

On our visit to the agency's office we saw that they had a copy of the Bournemouth, Dorset and Poole policy for safeguarding adults.

The manager told us that since the agency had registered there had been no safeguarding referrals made to protect people who use the service. We have not been alerted about any concerns by other agencies.

The agency's in-house trainer based at the Bournemouth office was seen to have undertaken a 'train the trainer' module in adult protection and ensures that she attends update training in the subject as necessary.

Most of the care workers' records that we looked at showed evidence of them receiving training in abuse awareness. The record for one person did not contain

this evidence but the provider explained that there were exceptional circumstances in relation to this. They acknowledged that this training should be provided as soon as possible.

**Our judgement**

The agency has procedures in place to keep people safe from harm.

## **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**

All the people we spoke with as part of our review told us that their care workers wear gloves and aprons as necessary when they provide them with personal care. People did not express any concerns about care workers' practices in relation to hygiene and infection control.

##### **Other evidence**

We saw that care plans contained some information about how care workers should promote good practice in relation to infection prevention and control. We also saw that adherence to infection control procedures forms part of the 'spot checks' carried out on care workers. The staff training records we looked at indicated that all care workers receive instruction in infection control as part of their induction training with the agency.

The audit of the agency's procedures and practice that was carried out in December 2010 identified that the agency's policy gives clear advice on actions to be taken by care workers to minimise the risk of cross-infection. Sufficient stocks of aprons and gloves were found to be available for use by care workers.

**Our judgement**

The agency has procedures in place to ensure that people who use the service are protected from the risks of cross-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 told us that care workers applied creams as necessary to their skin, one person adding that this had resulted in a significant improvement to their skin condition.

The people we talked to did not express any concerns about the agency's medication practices.

##### **Other evidence**

Discussion with the provider and registered manager indicated that they are fully aware of the Bournemouth and Poole medication policy and hold a copy at the agency's office for reference. Discussion with the manager of the service indicated that the agency has been working hard to implement the policy within the branch.

We found that systems were in place to ensure that people's medication requirements were given consideration in the assessment and care planning process and a framework was in place to record medication that has been given to

people. Where care workers were not involved in assisting people with their medication needs this had been clearly documented on the care plan and we were able to confirm this information as accurate with people who use the service. However, there were also some areas where practice was not consistent. These included some gaps in medication administration record (MAR) charts where medication had not been signed for, handwritten instructions on MAR charts which did not give comprehensive information about the medication to be administered and inconsistent information and record-keeping around the application of creams. We also found that one person had been prescribed lactulose 'as required' and while this was detailed in the care plan there was no further information to tell the care worker how they would know when it was required by the person concerned. Information in care plans was not always explicit about the role of the care worker in assisting or administering medication to people and did not always reflect what the person could do for themselves and where they required intervention or observation. A medication management assessment framework was seen to be in place on the file of one person who uses the service but this had not been completed.

A meeting of the agency's senior management team was due to take place the day after our visit to their office. Following their meeting we received an action plan from the agency which told us how they were going to make improvements to their procedures. They have told us that they are designing a new medication administration chart for the recording of creams which will include information about how they are to be applied. This is to be accompanied by a 'body map' which will indicate where creams are to be applied. They have also told us that they will be monitoring medication records on a fortnightly basis with immediate effect to ensure that they are completed accurately and contain all the required information. The agency is also developing a protocol for medication that is prescribed 'as required' which will assist care workers in making informed judgements about when it might be needed. The agency is undertaking a review of their care planning systems which they have told us will include a review of information about people's medication requirements and the care worker role in respect of each individual.

The agency has a training programme in the administration of medication which they provide to care workers. The person responsible for delivering this training at the Bournemouth office has undertaken various training courses herself in medication practice. The agency has identified for themselves that staff would benefit from further supervision and training in medication procedures and they are seeking professional advice on medication management and suitable training to promote best practice. They have told us that this will include a system of training to deem care workers as competent to administer eye, nose and ear drops.

The agency has told us that their medication policies and procedures will be reviewed to reflect the changes they are making.

### **Our judgement**

The agency has some systems in place to ensure people receive the medication they need but they are agreeing to make improvements to ensure that their procedures are fully robust and there is always enough information available about people's medication requirements. This will help ensure that people are fully

protected.

## **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**

People who use the service did not express any concerns about the equipment they use to meet their care needs.

##### **Other evidence**

We saw that the equipment used by individuals to mobilise and meet their care needs had been recorded in their individual care plans. Care workers' records indicated that when 'spot checks' are carried out on their practice this includes their safe use of equipment. The agency's audit that was carried out in December 2010 indicated that staff are given clear information about the action they should take if they are concerned equipment is faulty.

##### **Our judgement**

Procedures are in place to promote a safe approach to the use of equipment.

## **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**

The people we met spoke positively about the care workers who visit them and had confidence in their ability to meet their needs.

People told us that new care workers were enabled to shadow more experienced care workers during the initial stages of their employment to prepare them for their role and help them understand people's needs.

##### **Other evidence**

We looked at the records for three care workers employed by the agency. There was sufficient evidence that appropriate checks had been carried out with regards to all three care workers to ensure their suitability for their role including information from previous employers, checks with the Criminal Records Bureau, proof of identity and a recent photograph.

The manager and in-house trainer told us about the induction programme that is provided to care workers over the initial twelve weeks of their employment. We saw that records were in place to evidence that care workers who were new to the agency had undertaken shadowing with a more experienced worker before they

were able to work independently.

**Our judgement**

The agency has suitable procedures in place to ensure that people they recruit are safe to work with people who use the service.

## 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

People we talked to as part of our review of the service told us that they had got to know the care workers that visited them and generally 'saw the same faces'. One person commented that they did have different care workers at times but this did not bother them.

People told us that the service was reliable and they were not able to recall any time when they had not received the care they needed. People reported that the agency had accommodated changes in their visit times when they requested this and were satisfied that the agency responded flexibly when they required additional support.

##### Other evidence

We looked at a sample of schedules that had been provided to people by the agency. These showed that every visit had been allocated to a care worker and there were no gaps.

##### Our judgement

The agency has sufficient numbers of staff to ensure that people receive a reliable

and flexible service that is responsive to their needs.

## 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

**The provider is compliant** with outcome 14: Supporting workers

#### Our findings

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

Comments we received from people who use the agency indicated that they felt staff were well-trained and competent. One person told us; 'They definitely know what they are doing'. We heard that care workers had a good understanding of individuals' needs and knew how to respond effectively to changes in people's health.

##### Other evidence

We saw evidence of various training packs which are used to provide instruction to staff on different aspects of care. We were told that these packs were developed by the agency's Head Office for delivery to staff at the Bournemouth branch by an in-house trainer based at the Bournemouth office. We noted that the training packs covered mandatory training such as health and safety and training relating to people's needs including communication, continence, diabetes and pressure area care. Evidence of training undertaken was seen on care workers' records in the form of certificates and some completed worksheets.

The audit undertaken on behalf of the agency in December 2010 indicated that there was a need for each care worker to have a learning and development plan by which their training needs could be identified and their progress monitored. The

provider has told us that action will be taken to address this.

On all the care workers' records we examined we found evidence of them receiving supervision. This included one-to-one office-based supervision and supervisory spot checks in the community.

**Our judgement**

The agency ensures that care workers are competent in meeting people's needs through the provision of training and ongoing support.

## **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 told us that they had been contacted by the agency to check that they were satisfied with the service they receive. People told us that communication between themselves and the agency was good and that the agency responded effectively to their needs.

##### **Other evidence**

The agency's Service User Guide contained information about how they aim to monitor standards of care as an organisation. The manager of the service talked to us about these methods which include a monthly branch review by the senior management team. The provider has told us that they will be looking to establish a format by which branch reviews are formally recorded so that the progress of the agency towards agreed objectives can be monitored. The agency arranged for an independent audit to be carried out during the first year of its operation to assess how effectively the service is meeting the essential standards. The provider supplied us with the report from this audit as part of this compliance review.

Some of the records we looked at showed evidence of people who use the service being asked for their views about the care they receive through reviews and monitoring visits. We noted that monitoring visits also include checks on paperwork in the person's home to ensure the care plan is up-to-date and relevant information is on file.

### **Our judgement**

There are a number of systems in place within the agency to ensure that standards of care are maintained. People can have confidence that the agency has the support of the provider organisation to meet its aims and objectives and ensure the effective delivery of care.

## 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

People told us that they knew who to contact if they had concerns about the care they received. They told us that office staff were accessible; 'There is always someone there if you need to speak to them'.

One person reported that they had voiced a concern to the agency about a particular issue which had resulted in a positive outcome for them. People told us that office staff were easy to approach with issues and communication was positive.

We also saw a survey that had been undertaken by the agency during a review of one person's care needs. They commented that they had raised a concern by telephone and it had been resolved very quickly and to their satisfaction.

##### Other evidence

We looked at the agency's record of complaints and compliments. This included comments that had been received from the local authority in relation to people's care. The agency's manager was able to give us a verbal account of why a specific concern had arisen and what they had done to put things right. The audit

undertaken by the agency in December 2010 has highlighted how record-keeping around complaints could be improved to ensure outcomes are clearly communicated to relevant parties. At the time of our review the agency were planning a meeting of their senior management team to address this issue.

Information about how to make a complaint about the agency is included in the Service User Guide. The agency has already identified through their own audit processes that an amendment needs to be made to their procedure regarding the role of the Care Quality Commission in relation to complaints.

### **Our judgement**

People feel able to raise concerns with the agency about the care they receive and know that they will be taken seriously.

## 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

People we talked to as part of our review were aware of the records maintained by the agency about their needs. They did not express any concerns about the way their records were handled by the agency.

##### Other evidence

The agency was able to supply us with all the records we requested as part of our review. We saw that records about people who use the service and their care workers were held securely in the agency's office and were well-organised.

##### Our judgement

The agency has a system in place to ensure that records required by law are maintained appropriately and that people's confidentiality is respected.

## 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	13	9: Management of medicines
	<b>Why we have concerns:</b> The agency has some systems in place to ensure people receive the medication they need but they are agreeing to make improvements to ensure that their procedures are fully robust and there is always enough information available about people's medication requirements. This will help ensure that people are fully protected.	

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 28 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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