

# Review of compliance

## CLS Care Services Ltd

### Belong at Home Domiciliary Care Agency - Macclesfield

<b>Region:</b>	North West
<b>Location address:</b>	Kennedy Avenue, Macclesfield, Cheshire, SK10 3DE
<b>Type of service:</b>	Domiciliary care service
<b>Publication date:</b>	June 2011
<b>Overview of the service:</b>	<p>Belong at home is a domiciliary care agency in Macclesfield established during 2010. It provides support with personal care to some of the people living in apartments in the Belong Macclesfield Care Village which is situated in the outskirts of Macclesfield in a residential area. The village has amenities such a bistro and hair salon and local community amenities such as shops, a pub and a bus stop are also within a short walking distance. The agency also provides support to a number of people who live locally in the wider community.</p>

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

## What we found overall

**We found that Belong at Home Domiciliary Care Agency - Macclesfield was meeting all the essential standards of quality and safety we reviewed but, to maintain this, we suggested that some improvements were 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, surveyed people who use services, carried out a visit on 14 June 2011, observed how people were being cared for, talked with people who use services, talked with staff, checked the provider's records, and looked at records of people who use services.

### What people told us

During our visit to the agency and as part of our review we spoke with six people who receive care from the agency and one of their relatives. All those we spoke to said they are treated well and with respect and all said they are involved in making decisions about the care they receive and the way their service is provided and delivered.

They all said that the service is reliable, prompt and well provided. For example, one said 'the service is excellent and everything asked for is done and done well'. They were also very positive about the support workers who provide care using words such as 'caring', 'pleasant', 'always smiling' and 'easy to talk to' to describe them. The people we saw living in the Belong apartments looked well and well cared for.

They said they are supported to be as independent as possible, are happy living there and there is a lot going on to keep them busy.

## **What we found about the standards we reviewed and how well Belong at Home Domiciliary Care Agency - Macclesfield 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**

During our review we saw people who use the service are able to be involved in and influence, decisions about their care and support and their privacy, dignity and independence is respected.

- Overall, we found that Belong at Home Domiciliary Care Agency - Macclesfield 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**

During our review we saw evidence that people who use the service were able to give valid consent for the care and support they receive.

- Overall, we found that Belong at Home Domiciliary Care Agency - Macclesfield was meeting this essential standard.

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

We saw that people are provided with care that is in line with their individual needs and wishes. However we did see that documentation was not always completed fully.

- Overall, we found that Belong at Home Domiciliary Care Agency - Macclesfield was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

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

During our review we saw the service has processes in place to ensure people's nutritional needs are being met.

- Overall, we found that Belong at Home Domiciliary Care Agency - Macclesfield was meeting this essential standard.

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

During our review we saw that the service works positively with external professionals so that people benefit from well coordinated and effective care.

- Overall, we found that Belong at Home Domiciliary Care Agency - Macclesfield was meeting this essential standard.

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

At the time of our review we found that the care and welfare needs of people are being met and processes are in place to protect them from abuse or the risk of abuse.

- Overall, we found that Belong at Home Domiciliary Care Agency - Macclesfield was meeting this essential standard.

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

We saw that people who use the service are adequately protected from the risk of infection.

- Overall, we found that Belong at Home Domiciliary Care Agency - Macclesfield was meeting this essential standard.

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

During our review we saw people who use the service have their medication managed and administered securely and safely.

- Overall, we found that Belong at Home Domiciliary Care Agency - Macclesfield was meeting this essential standard.

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

We saw that the agency has suitable and safe office premises.

- Overall, we found that Belong at Home Domiciliary Care Agency - Macclesfield was meeting this essential standard.

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

Staff are provided with and use appropriate protective equipment when delivering personal care.

- Overall, we found that Belong at Home Domiciliary Care Agency - Macclesfield 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 evidence we have from our review shows people have their care and support needs met by staff who are fit and suitably qualified.

- Overall, we found that Belong at Home Domiciliary Care Agency - Macclesfield 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**

During our review we saw that there are enough staff to meet people's needs in a safe and caring way.

- Overall, we found that Belong at Home Domiciliary Care Agency - Macclesfield was meeting this essential standard.

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

Evidence from our review shows that the people receiving services provided by the agency are supported by suitably supervised and competent staff.

- Overall, we found that Belong at Home Domiciliary Care Agency - Macclesfield 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**

The evidence we have from our review shows that the agency has processes in place to monitor the quality of the service being provided.

- Overall, we found that Belong at Home Domiciliary Care Agency - Macclesfield was meeting this essential standard.

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

Evidence from our review shows that people raising complaints and concerns can be confident these are taken seriously and dealt with appropriately.

- Overall, we found that Belong at Home Domiciliary Care Agency - Macclesfield was meeting this essential standard.

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

During our review we saw evidence that people can be confident their personal records are properly managed.

- Overall, we found that Belong at Home Domiciliary Care Agency - Macclesfield 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.

**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**  
During our visit to the agency on June 14<sup>th</sup> 2011 and as part of our review we spoke with six people who receive care from the agency and one of their relatives. All those we spoke to said they are treated well and with respect and all said they are involved in making decisions about the care they receive and the way their service is provided and delivered. Several also commented positively on the thorough pre-assessment that the agency coordinator had carried out.

**Other evidence**  
The agency coordinator provided us with information about how people’s views are taken into account about the service they receive and how they are treated with respect.

- Pre-admission assessments are carried out with the person and their family/carer to identify the care, treatment and support their wish to receive. This is used to develop a plan of support and recorded on a life plan. The life plan reflects the customer needs, preferences and diversity.

- The agency has a user guide and statement of purpose which are provided to all customers. Additionally, people living in the Belong at Home apartments have a copy of a guide to living in the Belong community village. We saw these were accessible during our visit.
- Customers are involved in reviews of their life plans and these are kept by them within their own homes.

During our visit we looked at the life/support plans for four people receiving services provided by the agency. All included detailed pre-admission assessments, reflected the individual's preferences and had evidence of their involvement in the plan.

### **Our judgement**

During our review we saw people who use the service are able to be involved in and influence, decisions about their care and support and their privacy, dignity and independence is respected.

# 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**  
All the people we spoke to during our review said that their consent to care and treatment had been sought. The four life plans we looked at showed evidence of this and had all been signed by the person or their relative.

**Other evidence**  
The agency coordinator provided us with further information about arrangements for obtaining people’s consent to their care and treatment. As already covered above personal preferences about care and treatment are asked about during initial assessments. Customers are also involved in reviews of their life plans so they are able to change decisions about the care and support they receive according to their need and preferences. If a person finds it difficult or is not able to give consent to the care and treatment they receive, processes are in place to make decisions in their best interest. These include access to capacity assessments and advocacy services if needed. Additionally the agency manager has been trained in the mental capacity act to help her understanding about when liberty may be restricted and how to do this appropriately.

**Our judgement**

During our review we saw evidence that people who use the service were able to give valid consent for the care and support they receive.

# 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

**There are minor concerns** with outcome 4: Care and welfare of people who use services

### Our findings

**What people who use the service experienced and told us**  
The people we spoke to receiving support provided by the agency were all positive about the care they receive. They all said that the service is reliable, prompt and well provided. For example, one said ‘the service is excellent and everything asked for is done and done well’. They were also very positive about the support workers who provide care using words such as ‘caring’, ‘pleasant’, ‘always smiling and friendly’ and ‘easy to talk to’ to describe them. The people we saw living in the Belong apartments during our visit on 14<sup>th</sup> June looked well and well cared for. They said they are supported to be as independent as possible, are happy living there and there is a lot going on to keep them busy.

The external health and social care professionals we spoke to also gave us positive feedback on the service. For example, they said that packages of care have been delivered as agreed, people are happy and there have been no complaints.

**Other evidence**  
The agency coordinator told us that support /life plans, with supporting risk assessments if required, are developed to enable each person to live as fulfilling a life as possible. For example, support workers will take people to places that enable them to continue their activities of interest such as attending clubs, visiting friends, and going to church. Plans are reviewed with the input of the person and their carer

as needs and preferences change.

We looked at the support/life plans of four people receiving support from the agency. These all had thorough initial assessments, appropriate risk assessments and were reflective of individual preferences and needs. They were also generally up-to-date with regular evaluations and risk assessments being followed. However one of the people we spoke to told us he had had an accident which had involved him needing to go to hospital. This accident had not been recorded in his daily evaluation sheet or life plan despite it impacting on his well being for several days. Another person who has weekly visits did not have all these recorded in his plan. For example, two visits in June were not recorded. We spoke to the coordinator and she acknowledged these gaps in recording and agreed that completeness of documentation could be improved.

**Our judgement**

We saw that people are provided with care that is in line with their individual needs and wishes. However we did see that documentation was not always completed fully.

# 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

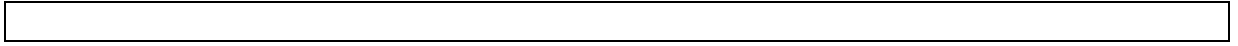
### Our findings

**What people who use the service experienced and told us**  
None of the people we spoke to has food prepared or provided by the agency.

**Other evidence**  
The agency coordinator told us about the processes in place to ensure people have adequate nutrition.

- People’s nutritional requirements are identified at the initial assessment. Any concerns or support required is discussed and agreed support is put in place. Forms are available for monitoring nutrition if required such as a malnutritional risk assessment, weight chart and food/fluid chart. Referrals are made to the appropriate professional and advice is sought if required.
- All staff have a full corporate induction prior to starting work which covers nutrition.
- If a person requires any additional adapted utensils they are given advice on what could be useful and where they could purchase such utensils.
- When staff are preparing food they wear gloves at all times. Clients are encouraged to assist in food preparation where possible.

**Our judgement**  
During our review we saw the service has processes in place to ensure people’s nutritional needs are being met.



# 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**  
Prior to our visit we spoke with two health and social care professionals and a pharmacist who also provide support to people receiving care provided by the agency. These professionals said the agency coordinator communicates and co-ordinates well with them.

**Other evidence**  
During our visit we looked at four life/support plans of people receiving care provided by the agency. They showed co-ordination and input from other professionals. As appropriate, the plans also reflected the multi-disciplinary needs of individuals, included the details of other professionals involved in their care and the advice and input of other professionals and how this was being followed.

The agency coordinator also told us how co-ordination with other professionals involved in providing care is managed. For example, the service communicates with other visiting providers to ensure timings of visits do not interfere with people's lifestyle wishes. Based on risk assessments of needs, referrals are made to appropriate professionals or advice sought if required. For example, if support is needed with meeting nutritional needs as already covered above.

**Our judgement**  
During our review we saw that the service works positively with external

professionals so that people benefit from well coordinated and effective care.

# 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.

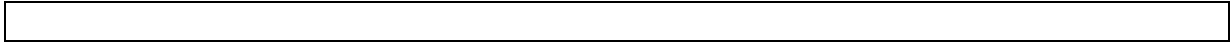
### Our findings

**What people who use the service experienced and told us**  
All the people we spoke to during our review were positive about the support workers who provide care using words such as ‘caring’, ‘pleasant’ and ‘always smiling and friendly’ to describe them. The people we saw living in the Belong apartments during our visit looked well and well cared for.

**Other evidence**  
The agency coordinator also told us about the processes she has in place to protect people from abuse or the risk of abuse. All staff have safeguarding training and have access to all relevant policies and procedures and have to sign that they have read them. The coordinator is also aware that any incidents or allegation of abuse need to be reported and investigated with the local authority and CCQ being notified for further investigation as appropriate.

The CQC has received no information about abuse or possible abuse to people receiving care provided by the agency since it opened in 2010.

**Our judgement**  
At the time of our review we found that the care and welfare needs of people are being met and processes are in place to protect them from abuse or the risk of abuse.



# 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**  
The people we spoke to during our review all said that support workers wash their hands using hand wash facilities and/or hand gel and they also use gloves and aprons before providing personal care.

**Other evidence**  
The agency coordinator was not aware of the code of practice on the prevention and control of infections which the agency is required to meet as part of its registration. However, she showed us the infection control policies used by the agency and we saw these do generally meet the requirements of the code. We informed her where she could access the code of practice.

**Our judgement**  
We saw that people who use the service are adequately protected 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

**The provider is compliant** with outcome 9: Management of medicines.

### Our findings

**What people who use the service experienced and told us**  
During our review we spoke with a pharmacist from a pharmacy supplier for medicines to people living in the Belong apartments. He told us that he considered the agency low risk because he has observed safe practices regarding medications. For example, staff are aware and have been trained in how to manage medicine safely and people receiving medication understand how to manage their medications and self-medicate safely.

**Other evidence**  
The agency coordinator told us how medicines are managed to help support and protect people.

- Following an assessment the level of support that is required to help people manage and take their own medication in the safest way is agreed. We saw these in the life plans we reviewed.
- All staff undertake medication training through induction, supervised practice and observation. Support workers are also coached and assessed by the provider's practice development facilitator.
- People are encouraged to store medication in a safe cabinet or drawer in their house. If the agency assumes responsibility for the management of medicines

- The agency coordinator carries out audits of medication practice every three months using the approved audit tool. Since the opening of the agency in 2010 there have been no major incidents or adverse events regarding medication and audits have only found minor concerns such as missing signatures.

The CQC has also received no information to cause us concern about how medicines are being managed.

**Our judgement**

During our review we saw people who use the service have their medication managed and administered securely and safely.

# 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**  
The people who use the service are tenants in their own homes so we did not ask them about the safety and suitability of premises.

**Other evidence**  
The only premise that is relevant to this outcome area is the office used by the agency. During our visit we visited this and observed that there was sufficient office space, office furniture, IT equipment and secure facilities for the overall running of the agency.

**Our judgement**  
We saw that the agency has suitable and safe office premises.

# 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**  
The service does not provide people with equipment so we did not ask them about equipment during our review.

**Other evidence**  
The agency coordinator told us that the only equipment provided by the agency is protective equipment, such as gloves and aprons, for staff to use when delivering personal care. The people we spoke to during our review told us they saw staff using these. The coordinator also said that if equipment is needed by people, advice will be provided on what is needed and where it can be purchased.

**Our judgement**  
Staff are provided with and use appropriate protective equipment when delivering personal care.

# 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 spoke to all commented positively on the good standard of care provided by support workers.

**Other evidence**  
The agency coordinator told us how she ensures staff that are employed to work for the agency are fit to do the job and have the appropriate qualifications. She said she follows the company recruitment procedure. As part of this all required recruitment checks are completed before staff start work. This includes taking references and criminal records bureau (CRB) checks. During our visit we checked the references and CRB checks for two staff members and saw that these had been appropriately completed.

She also said that once commencing employment, new staff are given an induction guide setting out the induction programme they will follow, mandatory training to complete and a personal development plan. The guide also includes information about the organisation including its values, expectations of the employee and the support they should expect to receive. Staff work for a week with a mentor so they can get to know routines, clients and undertake training required before they can work alone. During our visit we spoke with two support workers who had started working at the agency within the previous few months. They told us about their induction and this was in line with the processes the coordinator told us about.

**Our judgement**

The evidence we have from our review shows people have their care and support needs met by staff who are fit and suitably qualified.

# 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**  
The people we spoke to were all positive about the support workers who provide care using words such as 'caring', 'pleasant', 'always smiling and friendly' and 'easy to talk to' to describe them. They said that staff are reliable and prompt and always spend the agreed amount of time with them. One person and their relative said that sometimes they feel that there are not enough permanent staff meaning that casual staff have to cover, especially during holiday times.

**Other evidence**  
The agency coordinator told us about how she manages staffing to meet people's needs. She accepted that this has been a challenge since the service is new and gradually expanding. She manages this by taking on staff on a casual part-time basis to meet the needs of new clients. Once enough hours have been built up to require a full time person, then provided they have demonstrated they are competent the casual staff will be offered a permanent contract.

She showed us the rota which she said she is developing to help all staff know who is doing what and when across all clients. She accepted that at present some staff have gaps during their shifts when no support is needed. The two staff we spoke to highlighted this as a concern as they are not paid during these times and there is often not enough time to go home in between clients. Both the coordinator and staff said they hoped these concerns would reduce as more clients are taken on by the

service.

The coordinator said that during holiday periods or when staff are absent at short notice she has a team of casual staff to cover, who have all received full induction training and had a mentor. They have all been introduced to the clients prior to cover, and shadowed their mentor with all the clients. Permanent staff also support by working extra hours along with the coordinator. She said that using these approaches she can meet all clients' needs.

**Our judgement**

During our review we saw that there are enough staff to meet people's needs in a safe and caring way.

# 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**  
The people we spoke to all said that the service is reliable, prompt and well provided. For example, one said ‘the service is excellent and everything asked for is done and done well’. They were also very positive about the support workers who provide care using words such as ‘caring’, ‘pleasant’, ‘always smiling and friendly’ and ‘easy to talk to’ to describe them.

The external professionals we spoke to also gave us positive feedback. For example, they said that packages of care have been delivered as agreed, people are happy and there have been no complaints.

**Other evidence**  
During our visit we asked two staff about the training they receive. They told us their training has included, moving and handling, medication, infection control and safeguarding and they also have opportunities to obtain formal qualifications such as national vocational qualifications (NVQs). They said they liked working for the agency, there is a good team spirit and good team working amongst staff and they liked working for the agency coordinator who gives them good support and supervision as required.

We asked the agency coordinator how she ensures training is kept up-to-date. She

explained that it is monitored by the provider's computer system which automatically flags when staff training is due. Staff are then notified via admin who also monitor that the training is attended. She said that all mandatory training is up-to-date with the exception of first aid which is being organised and one person required dementia training.

**Our judgement**

Evidence from our review shows that the people receiving services provided by the agency are supported by suitably supervised and competent staff.

# 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**  
As already covered above, the people we spoke to all commented positively on the good standard of care provided by the agency.

**Other evidence**  
The agency coordinator told us about the processes in place to monitor the quality of service provided.

- The agency has a customer feedback policy and customers are encouraged to provide feedback through daily records, annual questionnaires and feedback cards. There is also a have a customer satisfaction survey which goes out annually to all clients to get their confidential feedback. All customer feedback is reported to the provider's board.
- Reflective practice is used to encourage staff to look at any incidents and seek ways of preventing the situation occurring again.
- The agency coordinator audits systems that are in place for medication and life planning. Competency of practice to administer and support customers with medication is also audited each year.

- Observation of practice is also carried out by the coordinator by working alongside support workers. Feedback is provided in the staff personal portfolio. The coordinator also meets monthly with her managers and is required to provide monitoring reports to them.

**Our judgement**

The evidence we have from our review shows that the agency has processes in place to monitor the quality of the service being provided.

# 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**  
The people we spoke to said they are happy with the service they receive and have no complaints. The external health and social care professionals we spoke to also told us that people are happy and there have been no complaints.

**Other evidence**  
The agency coordinator told us that the agency has a complaints policy. Responses to complaints are monitored to ensure the policy and timescales are being followed. All complaints are fully investigated and if they are upheld an action plan is agreed to address the concerns. Copies of the investigations are kept and are accessible for regulators to view. There is also a speaking out at work policy and staff are aware of how to raise concerns about poor practice.

The coordinator also told us she would always make herself available if people using the service want to speak with her about any concerns they may have.

**Our judgement**  
Evidence from our review shows that people raising complaints and concerns can be confident these are taken seriously and dealt with appropriately.

# 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**  
As already covered above, the people we spoke to all commented positively on the good standard of care provided by the agency.

**Other evidence**  
The agency coordinator told us how information and records about people is kept to ensure it is stored securely and properly and fit for purpose.

- All information is treated confidentially. Clients' life plans are kept within their own homes for the client and their families to read at anytime. Financial information for the Belong apartments is kept in the administration office in locked drawers, and community clients' information is kept in a locked cupboard next to the coordinator's office.
- If a client leaves the service or passes away, all information is archived and kept in a locked filing cabinet and kept for the legal amount of time stated on the archiving policy.
- Life plans are reviewed on an ongoing basis, the appropriate section of the life plan is updated when applicable to meet the client's needs and all concerned are informed. Life plan audits are carried out by the agency

**Our judgement**

During our review we saw evidence that people can be confident their personal records are properly managed

## 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	9	4
	<b>Why we have concerns:</b> We saw that people are provided with care that is in line with their individual needs and wishes. However we did see that documentation was not always completed fully.	

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 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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## Care Quality Commission

<b>Website</b>	<a href="http://www.cqc.org.uk">www.cqc.org.uk</a>
<b>Telephone</b>	03000 616161
<b>Email address</b>	<a href="mailto:enquiries@cqc.org.uk">enquiries@cqc.org.uk</a>
<b>Postal address</b>	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA