

Townfield and Coach House Care Limited

Townfield Home Care

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Townfield Home Care is a domiciliary care service providing personal care to adults with a range of support needs, in their own homes. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. The service was providing personal care to 181 people at the time of inspection.

People's experience of using this service and what we found

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support:

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests, though policies and systems in the service did not always support this practice.

People's needs were assessed, and care records developed with them and their relatives where required. Care records were updated regularly and clearly promoted preferences and choice. However, some care records did not include important information relating to people's specific support needs, and risk assessments lacked detailed strategies to guide staff.

People gave examples of the different levels of support they received, and the managing director spoke about how care was adjusted to meet people's changing needs. Aids and assistive technology were used in people's homes to promote their independence and keep them safe.

Right Care:

Staff had been employed following robust recruitment procedures and were well trained. Despite some challenges, there were enough staff available to meet people's needs and keep them safe, and continuity of care enabled staff to get to know people well. Staff respected people and treat them with dignity. The service worked closely with a range of health and social care professionals to improve people's outcomes.

Medication was managed safely, and staff had access to personal protective equipment (PPE) to reduce the risk of infection. Staff and managers were knowledgeable with regards to actions needed in response to accidents, incidents or safeguarding concerns.

Right Culture:

Staff received a robust induction which enabled the service to share its ethos, and regular supervisions and

spot checks helped instil positive values and behaviours. Staff told us they felt comfortable raising concerns with care coordinators or managers.

The provider carried out regular audits and checks and told us about recent improvements and plans for the future. People were empowered and had regular opportunities to give feedback about their care. People and their relatives commented positively about the service and its staff. One relative said, "Staff are always very cheerful. We couldn't ask for more, they are our lifeline." Another added, "It's a good service. I have reliability and good carers that can help me out." Staff we held conversations with were kind and spoke about people fondly.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 21 August 2018).

Why we inspected

The inspection was prompted in part due to concerns received about moving and handling practices and partnership working. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe, effective and well led sections of this full report.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Townfield Home Care on our website at www.cqc.org.uk.

Recommendations

We have recommended the registered manager reviews documentation relating to both risk and people's care and the provider follows best practice guidance in relation to Mental Capacity Act 2005 (MCA) paperwork.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Townfield Home Care

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

This inspection was carried out by 2 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on the 28 July 2023 and ended on 7 August 2023. We visited the service's office on 28 and 31 July 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from professionals at the local authority who had been working with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During the inspection we visited 5 people in their own homes to discuss their experience of care provided by Townfield Home Care. We observed medication administration and reviewed documentation kept in people's homes in relation to their support.

We spent time at the office and reviewed a range of records including 7 people's care records, risk assessments and recruitment files for 5 care staff. We looked at documentation relating to the management of the service such as incidents and accidents, audits and complaints. We spoke with the nominated individual, the managing director, the registered manager, a care coordinator and a member of staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We spoke with 6 staff by telephone. We looked at further information around policies and procedures, training, staff meetings and questionnaires. We reviewed another 3 care records and continued to seek clarification from the provider to validate evidence. The Expert by Experience contacted 12 people and 3 relatives by telephone and asked about their views of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- The provider had processes for assessing risks to people, but these did not always record detailed strategies to help staff provide appropriate support to those with more complex health or behavioural needs. One risk assessment identified the person could become 'agitated and frustrated'. There were no details around potential triggers, signs or the likelihood and staff were advised to use 'reassurance', but there was no information to explain what this meant to the individual.

Though we saw no impact to people in this inspection, we recommend the registered manager reviews people's risk assessments, to ensure staff can manage situations in an agreed, consistent and person-centred way.

- Care records included information of the support people needed with moving and handling and the equipment used. However, it was not always clear if periodic checks or servicing had been carried out to ensure equipment was safe for staff to use. The managing director told us they would speak to people about their responsibilities for maintaining specialist equipment.
- Training levels were good for key subjects relating to safety. For example: basic life support, fire awareness and food hygiene. Staff could confidently tell us the actions they would take to prevent or in response to different types of incidents.

Staffing and recruitment

- There were enough safely recruited staff to support people. Procedures were in place so the service could still operate effectively when they faced challenges with recruitment or staff absence. Care coordinators and managers were available to assist the team and staff worked together so impact was kept to a minimum. It was rare visits were missed and people told us staff stayed for the full visit and had enough time to carry out expected tasks.
- The provider had a team of rota coordinators to help create staff rotas and organise visits. Staff commented that transport between visits sometimes affected their schedules. As a result, people did not always know when staff would arrive. The managing director told us about a new electronic recording system being implemented which would improve this, giving people access to live rotas.
- The provider had processes to monitor consistency of staff. This enabled staff to get to know people and their care needs well and helped build positive working relationships. One relative told us, "We tend to get the same staff. Continuity is good for staff as they know what to do, and it's good for us."
- Robust recruitment procedures were followed which included Disclosure and Barring Service (DBS) checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions. We checked 5 recruitment files, all had (DBS) and reference checks.

Using medicines safely

- Medicines were generally managed safely. However, information around people's needs or preferences regarding medication administration was lacking person-centred information. We shared these concerns with the managing director who assured us this would be reviewed.
- The provider had processes in place to manage people's medicines, where required. Medication administration records were completed, regular spot checks were carried out by care coordinators and audits undertaken monthly.
- Staff received training for medication administration and periodic competency checks were carried out. If medication errors were made, staff knew how to respond. We saw evidence of appropriate action being taken, for example: staff notifying the office, ringing 111 for advice and appropriately recording the incident.

Systems and processes to safeguard people from the risk of abuse

- Staff and managers understood their responsibilities for keeping people safe. There were safeguarding policies and procedures in place. Staff confirmed they received training and knew how to escalate concerns if they suspected abuse.
- The registered manager maintained a safeguarding log which detailed concerns raised, notifications made and actions taken.
- People told us they felt safe. One person said, "I feel really safe, it is great. It's everything about them, the way they are with you and the way they talk to you. I can't fault them, they are wonderful, I have no concerns."

Preventing and controlling infection

- The provider had an up-to-date IPC policy which was in line with current guidance.
- Staff received appropriate infection prevention and control (IPC) training and personal protective equipment (PPE) was provided. Staff continued to wear masks when working with people with underlying health conditions and aprons and gloves were worn when appropriate.
- Staff practice around IPC, basic hygiene and PPE was monitored in observational supervisions, carried out by care coordinators.

Learning lessons when things go wrong

- The provider had processes to ensure lessons were learned from accidents, incidents and safeguarding concerns. The registered manager shared examples of safeguarding concerns raised and told us how these were analysed, and changes made in response.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Some care records lacked comprehensive information regarding people's health conditions, diagnosis, behaviours, and other needs such as communication. Though staff were confident that they had the skills and experience to manage people's needs, this may have impacted their ability to offer truly personalised support. One staff member said, "There have been some instances when I haven't been aware of everything." In the care records we looked at, information about people's needs and choices had been recently reviewed and updated.

We recommend the registered manager ensure care records provide staff with detailed, person-centred information, in line with best practice guidance.

- Care coordinators worked closely with people, their relatives and the local authority to gather information about people prior to receiving support. Handwritten needs assessments were compiled to document people's initial care requirements, wants and wishes. These were reviewed after 2 weeks, with a typed copy made to include requested changes.
- Staff had access to key policies and procedures to support their working practices. These were updated periodically and reflected current guidance and best practice.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA

- We found the service was not fully working within the principles of the MCA. Mental capacity assessments had been completed. However, they detailed decisions made even for those people assessed as having capacity and some forms were used to assess people for several decisions, which is against the principles of MCA guidance. The nominated individual said they would review assessment paperwork immediately and

has since provided examples.

- In care records we reviewed, care coordinators had signed mental capacity assessments and best interest decision forms rather than the person receiving care or their next of kin.

We recommend the provider review MCA paperwork for people in their care, in line with guidance and best practice.

- Staff received training about the Mental Capacity Act and could give us examples of how they put this into practice when supporting people. One staff member told us, "Everybody has the right to do what they want. We should support them in their decisions, help make the right decision for that person."
- Preferences and choice were detailed in care records we looked at and 'consent to care and treatment' forms had been completed. Conversations with people and their relatives evidenced positive interactions and people having their choices respected. One person said, "They always ask consent, in every way. They ask me if I'm alright and if there's anything I need."

Staff support: induction, training, skills and experience

- Systems and processes were in place to induct and train staff appropriately. All staff received a robust induction and a period of shadowing more experienced staff before working alone. One person told us, "They [staff] know what they are doing."
- Records reviewed showed staff had a good level of training in key subjects. The service had a training room which included a range of mobility equipment used to demonstrate appropriate techniques and was used to deliver a range of face-to-face training sessions. As a result, staff felt skilled enough to care for people effectively.
- Care coordinators carried out regular observations on staff to check skills, knowledge and competence. Staff had periodic supervisions and appraisals so care coordinators could discuss concerns, give feedback and offer support.
- People and their relatives told us staff were competent and well trained. One person said, "Yes, I am really confident in them, they are really good."

Supporting people to eat and drink enough to maintain a balanced diet

- People's dietary requirements and the level of support they needed with eating and drinking was documented in care records. Support was offered accordingly, for example: with meal planning, shopping or preparing meals.
- Staff helped to ensure people were eating and drinking adequately. Staff recorded what people ate and drank. Information was monitored and concerns shared with appropriate professionals. People confirmed they received help with meals if they needed it.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People received effective and timely care. The managing director told us of occasions when they worked with the clinical commissioning group or local authority to agree increases or decreases to packages of care if people's health or care needs changed.
- We saw evidence of ongoing concerns being raised by staff and followed up by the registered manager. Information was shared with relevant agencies and referrals made to healthcare services when necessary.
- People's healthcare needs were monitored and met. Care records included information about people's healthcare needs and any intervention or support they required. For example: one person was supported to apply creams, another was assisted with pressure stockings.
- Staff responded appropriately when people became unwell. One person told us, "Staff noticed I wasn't

too clever and called an ambulance, they [the hospital] kept me in for a week."

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive culture which resulted in good outcomes for people. Staff generally spoke highly of the service and told us it was a good place to work. A staff member said, "I get plenty of job satisfactions and I feel like I'm making a difference, it's great."
- Staff told us they felt that the management team were approachable and they would feel comfortable raising a concern.
- People gave examples about the different ways staff supported them in their day to day lives and how they were empowered to make decisions about their care and what they wanted. A person told us, "Townfield Home Care is very efficient. I think they do remarkably well, I'd be stuck without them."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibility under the duty of candour and CQC's statutory notification process. The process is something providers must follow to inform us about certain things such as changes in management, a serious incident, or instances of suspected or actual abuse.
- Managers had engaged and were frank and cooperative throughout the inspection process.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- All staff understood their roles and regulatory requirements, and the management team had effective oversight to help monitor and improve the service. A range of quality audits and checks took place to monitor the service at all levels. For example: the care coordinator may identify an issue during their spot checks, this would be escalated to the registered manager to action, then the managing director would check this had been completed as part of their monthly audit.
- The staff hierarchy had grown and changed over time to better meet the demands of the service and manage quality performance. Throughout the inspection we observed the nominated individual, managers and staff in the office working closely together. This helped the service oversee emerging risk and handle concerns efficiently.
- The nominated individual and managing director were looking for ways to further improve. They undertook an internal inspection of the service annually, to help identify reoccurring issues and drive improvement.
- Resources had recently been invested into a new electronic recording system. The managing director

explained how this would make it more efficient to log, collate and view information; improving day-to-day oversight of people's care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives were consulted and kept informed. People were asked for opinions of their care during periodic spot checks from care coordinators. A recent survey had been carried out, and though not well attended the registered manager had organised a meeting for people to participate in and share their experiences.
- Staff told us they had the opportunity to raise concerns by contacting the office. The provider had an on-call system which provided support to staff, including evenings and weekends.
- There were periodic team meetings and staff received regular supervisions and appraisals in which they could discuss issues, give feedback or make suggestions.

Working in partnership with others

- The provider worked in partnership with health and social care professionals. Where appropriate, they liaised with relevant agencies such as the local authority or health care professionals, to ensure people's needs were met.
- Staff told us of occasions they supported people to make or attend GP appointments or had contacted the district nurse in relation to someone's care.