Townfield and Coach House Care Limited

Townfield Home Care (Rossendale)

Inspection report

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Date of inspection visit:
10 December 2018
11 December 2018

Date of publication:
10 January 2019

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We carried out an announced inspection of Townfield Home Care (Rossendale) on 10 and 11 December 2018.

This service is a domiciliary care agency. It provides personal care to people living in their own houses. At the time of the inspection, 37 people were receiving a service from the agency with a range of health and social care needs, such as people with a physical disability and people living with dementia. Support was tailored according to people's assessed needs within the context of people's individual preferences and lifestyles to help people to live and maintain independent lives and remain in their homes.

The service had a manager in post, who was registered with the commission. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

This was the first inspection of the service since the location was registered on 12 January 2018.

People using the service told us they felt safe and staff treated them with respect. Safeguarding adults' procedures were in place and staff understood their responsibilities to safeguard people from abuse. Risks related to people's lives and wellbeing were assessed, monitored and reviewed to support people's safety. Risk assessments were detailed and contained information to help staff understand and manage any identified hazards. There were sufficient numbers of staff deployed to meet people's needs. Appropriate recruitment procedures were followed to ensure prospective staff were suitable to work with vulnerable adults. People received their medicines safely and were supported to eat and drink in accordance with their care plan.

Staff had the knowledge and skills required to meet people's individual needs effectively. They completed an induction programme when they started work and were up to date with the provider's mandatory training. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's healthcare needs were monitored as appropriate and staff worked closely with social and healthcare professionals.

Staff were respectful of people's privacy and maintained their dignity. All people spoken with told us the staff were kind and caring. People were involved in the development and review of their care plans. This meant people were able to influence the delivery of their care and staff had up to date information about people's needs and wishes. People were aware of the complaints procedure and processes and were confident they would be listened to.

Systems were in place to monitor the quality of the service, which included seeking and responding to feedback from people and their relatives in relation to the standard of care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff knew how to recognise and report any concerns to keep people safe from harm.

The provider assessed potential risks to people's safety and put preventive measures in place where required.

There were sufficient numbers of staff on duty to meet people's needs. Safe recruitment practices were followed.

People's medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff had the skills, knowledge and experience to deliver the care people required.

Staff understood the main provisions of the Mental Capacity Act 2005 and how it applied to people in their care.

People received the support they required to ensure their health and nutritional needs were met.

Is the service caring?

Good

The service was caring.

People told us the staff were kind and helpful.

Staff understood people's individual needs and provided care in a way that respected their choices.

Staff respected people's privacy and dignity, and supported them to maintain their independence.

Is the service responsive?

Good

The service was responsive.

Care plans contained information to help staff support people in a person-centred way and care was delivered in line with people's preferences.

People had access to information about how to complain and were confident that any complaints would be listened to and acted upon.

Is the service well-led?

Good

The service was well led.

The registered manager provided clear leadership and was committed to the continuous improvement of the service.

There were systems in place to consult with people and to monitor and develop the quality of the service provided.

Townfield Home Care (Rossendale)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 10 and 11 December 2018 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available in the office. The inspection was undertaken by one adult social care inspector.

The provider was not asked to submit a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

In preparation for our visit, we looked at notifications (events which happened in the service that the provider is required to tell us about) and information that had been sent to us by other agencies, including the local authority's contract monitoring team.

During the inspection, we spoke with five people using the service, four relatives and three staff over the telephone. We also spoke with the registered manager, deputy manager and the nominated individual at the agency's office.

We reviewed a range of records about people's care and the way the service was managed. These included the care records for three people, medicine administration records, staff training records, two staff recruitment files, staff supervision and appraisal records, minutes from meetings, quality assurance audits, incident and accident reports, complaints records and records relating to the management of the service.

We also looked at a sample of policies and procedures and the most recent customer satisfaction questionnaires completed by people using the service.

Good

Is the service safe?

Our findings

All people spoken with told us they felt safe receiving care from staff at the agency. For instance, one person told us, "They always lock the door and make sure I'm safe before they leave" and another person commented, "The staff are respectful and kind, I feel I can trust all of them." Relatives spoken with also expressed satisfaction with the service and told us they had no concerns for their family member's safety. One relative said, "The carers are reliable and I have full confidence in them."

The provider had taken suitable steps to ensure staff knew how to keep people safe and protect them from abuse and discrimination. We found there was an appropriate safeguarding policy and procedure in place which included the relevant contact number for the local authority. The procedure was designed to ensure that any safeguarding concerns were dealt with openly and people were protected from possible harm. We also noted information was displayed in the agency's office. The registered manager was aware of her responsibility to report issues relating to safeguarding vulnerable adults to the local authority and the Care Quality Commission.

The staff understood their role in safeguarding people from harm. They were able to describe the different types of abuse and actions they would take if they became aware of any incidents. All staff spoken with said they would report any incidents of abuse and were confident the registered manager would act on their concerns. Staff were also aware they could take concerns to organisations outside the service if they felt they were not being dealt with. Staff said they had completed safeguarding training and records of training confirmed this. The registered manager confirmed all staff received refresher training on a regular basis and explained safeguarding was discussed as part of staff supervision.

We saw care was planned and delivered to protect people from avoidable harm. Each person's care file included an individual risk assessment, which had considered risks associated with the person's environment, moving them safely, their care and treatment, medicines and any other factors. We noted the risk assessments included actions for the staff to take to keep people safe and reduce the risks of harm. We saw the risk assessments were updated every six months or more often if people's needs or circumstances changed. Staff told us they made observations at each visit to identify any changes or new risks that may occur.

Staff knew how to inform the office of any accidents or incidents. The deputy manager viewed all accident and incident documentation and informed the registered manager of any incident which required action. An overall log was maintained of accidents and incidents and we noted an analysis of the data had been carried out by the deputy manager. This helped to identify any patterns or trends in order to minimise the risk of reoccurrence.

There were sufficient staff to provide safe effective care for people. Duty rotas were prepared in advance using computer technology. Staff told us they were mostly allocated visits in their own locality to minimise travelling time. Staff spoken with told us they had enough time to travel between visits without rushing. This meant there were systems in place to ensure staff were at the right place at the right time. People spoken

with told us the staff usually arrived on time and confirmed they were informed if staff were going to be later than expected. One person spoken with had experienced one missed visit. The person told us the agency offered to send a staff member as soon as they were aware of the situation. The registered manager had maintained a log of missed visits and had investigated the circumstances on each occasion. People told us they usually received care from the same members of staff. This meant there was a good level of consistency and staff were familiar with people's needs and preferences.

Recruitment practices ensured that suitable staff were employed by the service. We looked at the personnel files for two staff and found they had completed an application form and had attended the agency for a face-to-face interview. Interview notes had been recorded to support a fair process. The provider had also ensured the staff members had provided a full history of employment along with a satisfactory explanation of gaps. We noted an enhanced criminal records check was carried out for all new staff prior to them commencing work with the agency. The recruitment process was tracked using a checklist and supported by policies and procedures, which reflected current regulatory requirements.

People spoken with were satisfied with the way the agency supported them with their medicines. Staff said they had completed medicines training and records seen confirmed this. Staff had access to a set of policies and procedures and were regularly observed handling medicines to check their level of competency. Guidance for staff on how to support people with medicines was included in the care plan as necessary, along with information on the management of any risks associated with their medicines. All medicines administration records were returned to the office for audit purposes. We saw that audits had been carried out, however, we found minor discrepancies which had not been highlighted by the checks. These issues were resolved during the inspection.

There were systems in place to ensure people were protected against the risk of infections. Staff spoken with were aware of their roles and responsibilities in relation to hygiene and infection control. Staff were provided with personal protective equipment, including gloves and aprons, which they collected from the agency's office. People spoken with confirmed the staff always used appropriate protective equipment when assisting with personal care. We noted staff had access to an infection prevention and control policy and procedure and had completed relevant training.

There were arrangements in place to check and review when people's equipment such as hoists, pressure mattresses and mobility aids required servicing. This helped ensure people's safety and reduce the risk of injury. We noted there was a business continuity plan, which set out emergency plans for the continuity of the service in the event of adverse events such as loss of power or severe weather.

Good

Is the service effective?

Our findings

People told us they were happy with the way staff supported them and felt the staff were knowledgeable about their needs. For instance, one person said, "The staff are very helpful and do all they can to help me" and another person commented, "They are really nice people and they know exactly what I want them to do." Relatives spoken with also expressed confidence in the staff team, one relative stated, "The carers are so thoughtful and they are very supportive of me and my [family member]."

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 Act 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.

We checked whether the service was working within the principles of the MCA. People spoken with confirmed they were asked for their consent before care was given and they were supported to make their own decisions. For instance, one person told us, "They (the staff) run everything past me and ask my opinion to make sure I'm happy." Staff understood the importance of giving people choices and their right to make decisions about their care and support.

Staff had received training on the MCA and had access to appropriate policies and procedures. We saw people had signed consent forms in respect to the delivery of their care and where appropriate the management of their medicines. In circumstances where a person was unable to consent to the care provided, an assessment had been carried to assess their capacity to make decisions and best interests decisions had been made, as appropriate.

We looked at how the provider trained and supported their staff. We found all staff completed a four-day induction when they commenced work with the agency. This included an introduction to the agency and its policies and procedures as well as the provider's mandatory training and where necessary, the Care Certificate. The Care Certificate is designed for new and existing staff and sets out the learning outcomes, competencies and standards of care that care agencies are expected to uphold.

New staff worked alongside experienced staff for a minimum of 15 hours to enable them to meet people and develop their role. Staff spoken with told us the induction training was thorough and confirmed it equipped them with the necessary knowledge to carry out their role. All new staff completed a probationary period of six months, during which their work performance was checked and reviewed at regular intervals. We saw evidence of the checks and reviews during the inspection.

The provider had a staff training academy at a nearby location and employed a trainer to organise and deliver the training. We found there was a programme of training, available for all staff, which included safeguarding vulnerable adults, the role of a care worker, medication awareness, fluids and nutrition, health and safety, fire safety and equality and diversity. Staff also had access to a large library of online courses if

they required information and training on people's specialist needs. There were arrangements in place to ensure staff completed their training in a timely manner. The variety of training offered meant that staff were supported to have the correct knowledge to provide effective care to the people. All staff spoken with told us their training was beneficial to their role.

Staff received regular supervision, which included observations of their practice, as well as annual appraisals. They told us they had the support of the registered manager and senior staff and could discuss anything that concerned them. We saw the registered manager and senior staff assessed and monitored staff skills and abilities, and took action to address issues when required.

People said that a representative from the service met them to discuss their needs before receiving a service. People spoken with could recall meeting with the representative and confirmed they were asked how they wished their care to be delivered. For instance, one person told us, "They discussed everything with me and exactly what I wanted them to do." Where appropriate, information was also gained from relatives, relevant health care professionals and from the local authority. We looked at completed assessments during the inspection and noted records had been maintained of people's needs and preferences.

We considered how the service used technology and equipment to enhance the delivery of effective care and support. We found staff deployment was managed by a care coordinator using a computer system. This ensured people's visits were managed effectively. The agency also used an electronic call monitoring system. This system enabled staff to register their visit to people's home via telephone and allowed the coordinators to see via a 'live' system when calls had been made and how long each staff stayed for. We looked at a sample of call monitoring records during the inspection and noted staff had arrived on time and had stayed for the allocated time.

People were supported at mealtimes in line with their plan of care. For example, one person told us, "The carers really encourage me to eat and they make sure I have something I like which will do me good." People receiving this support told us staff asked them what they preferred to eat and prepared and cooked their food to a good standard. A record was maintained of people's food to ensure they were offered a variety of meals.

We looked at the way the service provided people with support with their healthcare needs. One person who had recently experienced a period of ill health told us, "They are all helping me get better and have told me how much they care about me. It really helps me." We found people's plans contained important telephone contact details for people's GP and next of kin and information about people's healthcare conditions. This helped staff recognise any deterioration of heath and liaise with people's relatives and health and social care professionals if they had concerns.

Good

Is the service caring?

Our findings

People told us the staff treated them with respect and kindness and were complimentary of the support they received. For instance, one person told us, "The carers are kind and thoughtful. I really like them all" and another person commented, "The carers are very friendly and I look forward to them visiting me." Relatives spoken with also praised the approach taken by staff, for example one relative said, "The staff have been fantastic. They are so thoughtful and considerate. I feel really blessed we are receiving such care."

People were treated with dignity and respect and without discrimination. Staff had access to a set of equality and diversity policies and procedures and had received training in this area. The staff were knowledgeable about people's individual needs, backgrounds and personalities and were familiar with the content of their care records. They told us they visited people on a regular basis which helped them get to know the person and how best to support them. People and where appropriate families, were consulted about the care they needed and how they wished to receive it. People told us they were involved in developing their care plans and their views were listened to and respected. We noted people had signed their plans to indicate their agreement to the care provided. People using the service and their relatives told us staff had time to ask them about their preferences and were flexible in their approach.

Staff were aware of the importance of maintaining people's privacy and were able to give examples of how they applied this in practice. People told us their privacy was respected at all times. One person told us, "The carers are very professional in their approach and make sure I am covered and comfortable." People confirmed staff entered their house in the agreed way and they were respectful of their belongings. Staff had access to policies and procedures on maintaining people's privacy and dignity whilst providing care and we noted regular unannounced observations were carried out to ensure staff were adhering to best practice.

Staff spoken with told us they supported and encouraged people to maintain and build their independence skills. Reflecting on their approach, a member of staff commented, "It's important people have as much independence as possible, it gives them more choices and they can be their own person." People spoken with confirmed staff respected and supported their independence skills, for instance one person said, "I do a bit for myself and they help me do a bit. We get there together."

Staff talked warmly and affectionately about the people they supported and told us they found their work rewarding. For example, one staff member said, "I really enjoy my job. I love looking after and caring for people."

People told us they were able to express their views about the service on an ongoing basis during care plan discussions and conversations with the care staff and the staff based in the office. People were given an information file, which contained a service user guide as well as their care plan documentation. The service user guide provided a detailed overview of the services provided by the agency. We noted this document included the aims and objectives and what people could expect from the service.

Staff had a good understanding of the need to maintain confidentiality. People's information was treated

confidentially and staff signed a confidentiality statement as part of their employment. Personal records other than those available in people's homes were stored securely in the registered office. Staff files and other records were securely locked in cabinets within the offices to ensure that they were only accessible to those authorised to view them.

Good

Is the service responsive?

Our findings

People were satisfied with the care and support they received and made positive comments about the staff and their willingness to help them. For instance, one person told us, "The carers are really good. Nothing is too much trouble for them" and another person commented, "The carers are really polite and helpful. They have been excellent."

We looked at the way the service planned people's care. We reviewed three people's care plans during the inspection and other associated documentation. The care plans were written in a person-centred way and designed to enable staff to access information quickly. The information contained in the plans identified people's needs and provided guidance for staff on how to respond to them. The care plans were supported by a series of risk assessments and included people's preferences and details about how they wished their care to be provided. The care plans also incorporated a one-page profile, which included their preferred name, what was important to the person, allergies and health status. Colour codes were used to alert staff to any specific needs or information.

All people spoken with were aware of their care plan and confirmed they had discussed their plan with a member of staff from the agency. One person told us, "They came out recently and discussed the plan, to check if I wanted any changes" and a relative commented, "The care plan is very good. It gives good guidance but they are flexible depending on my [family member's] needs." There was documentary evidence to demonstrate the plans had been reviewed at least every six months or more frequently if there had been a change in need or circumstance. Care plans had been explained to people and whenever possible they had signed a consent form to indicate their agreement to the plan.

Staff told us they used the care plans to help them understand people's needs and confirmed they frequently referred to them during the course of their work. They said they were confident the plans contained accurate and up to date information. For instance, one staff member told us, "The care plans are very useful. I know what I have to do when I have read them." The staff also confirmed there were systems in place to alert the senior staff of any changes in needs in a timely manner.

Records of the care and support provided to people were completed at each visit. This enabled staff to monitor and respond to any changes in a person's well-being. The care records were returned to the office for auditing purposes and for filing. The registered manager confirmed the records were regularly checked. We looked at a sample of the records and noted people were referred to in a respectful way. Staff spoken with recognised people's individual differences and were aware of the importance of treating people fairly and equally.

People told us the office-based staff were responsive and understanding if they needed to make any changes to their scheduled care visits or discuss any other issue.

People and relatives spoken with were aware of how to make a complaint and all felt they would have no problem raising any issues. One person recalled their experience when they had a concern and told us,

"They sorted out everything straight away, I'm quite happy now." The complaints procedure and policy were accessible for people and complaints made were recorded and addressed in line with the provider's policy. Complaints had been recorded with details of action taken and any outcomes required.

People were supported to have information made available to them in their preferred formats, for example, large print in line with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. Staff were also aware of the importance of communicating with people in ways that met their needs and preferences and there was information in people's care plans to aid effective communication.

Where necessary and appropriate, the staff worked alongside other professionals to provide people with dignified care at the end of their life. There was no one receiving end of life care at the time of the inspection.

Good

Is the service well-led?

Our findings

People and the relatives spoken with were satisfied with the way the agency was run and the management of the service. One person told us, "The management are very nice and amenable. They did a rota for me so I know who is coming each day" and a relative said, "I have confidence in the service and we work well together as a team."

The manager in post was registered with the commission and also managed a nearby location for the same provider. The registered manager understood their responsibilities and conditions of registration with CQC and notified us of important events that occurred at the service. The registered manager was supported by a team of senior staff including a deputy manager.

The registered manager had established the service over the last 11 months and was committed to making continuous improvements. She told us her priorities for the year ahead were to develop a service user forum, establish staff focus groups to work on particular topic areas and embed the staff champion roles. Staff champions develop their expertise in a specific area and are a point of reference for other staff. We noted the provider had carried out an internal inspection using the key lines of enquiry set out by the commission and had identified areas for development.

There was a management structure in place and staff were aware of their roles and responsibilities. Staff were provided with job descriptions, contracts of employment, policies and procedures and the staff handbook, which outlined their roles, responsibilities and duty of care. Staff told us they had received the training they needed and were well supported by the registered manager. One staff member told us, "They have really helped me with my rota. It's made a big difference." We observed that staff were encouraged to call into the agency's office were made welcome by management team.

The registered manager encouraged all staff to work as a team to ensure people received good and consistent care. We saw regular spot checks known as "seen" and "unseen" checks were undertaken to review the quality of the service provided. The seen spot check involved a senior member of staff arriving at a person's house while a staff member was providing care and the unseen check comprised of a senior staff member arriving at a person's property just after the staff member had left. These checks included observing the standard of care provided and asking people for their feedback on the service. The spot checks also included reviewing the care records kept at the person's home to ensure they were appropriately completed and to see if care was being provided according to the person's wishes.

The management team monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. People were also given the opportunity to complete a customer satisfaction questionnaire. We looked at a sample of returned questionnaires from the survey conducted in June 2018 and noted people indicated they were satisfied with the service provided. Any concerns were considered under the provider's complaints procedure. At the time of the inspection, the survey was distributed to all people receiving a service from Townfield and Coach House Care Limited. The nominated individual explained that there were plans in place to enable people using the service in the

Rossendale area to complete a survey specifically relating to Townfield Home Care (Rossendale). This meant any local patterns or trends could be readily identified.

Quality assurance systems were in place to help drive improvements at the service. These included a range of internal checks and audits which helped to highlight areas where the service was performing well, identify any trends to manage risks and the areas which required further development. We noted there was a schedule in place to ensure the audits were carried out at regular intervals. These included checks on files, medication records, accidents and incidents, staff training and supervision. The management team also audited the care notes staff had completed when providing personal care. They checked these to ensure the care provided matched with the care plans. Visits to people's homes were checked using the telephone monitoring system.

The registered manager worked in partnership with other organisations to make sure they were following current practice and provided a quality and safe service for people. These included GP's, district nurses, occupational therapists and other healthcare professionals.