

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Proper Care (Cornwall) Limited

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We inspected the following standards to check that action had been taken to meet them. This is what we found:

Consent to care and treatment	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Safeguarding people who use services from abuse	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard
Complaints	✓	Met this standard

Details about this location

Registered Provider	Proper Care (Cornwall) Ltd
Registered Manager	Mr David Carmichael
Overview of the service	Proper Care (Cornwall) Ltd is a domiciliary care agency providing care to people living in the West of Cornwall.
Type of services	Domiciliary care service Rehabilitation services
Regulated activity	Personal care

Contents

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Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Proper Care (Cornwall) Limited had taken action to meet the following essential standards:

- Consent to care and treatment
- Care and welfare of people who use services
- Safeguarding people who use services from abuse
- Assessing and monitoring the quality of service provision
- Complaints

This was an announced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 7 May 2014 and 14 May 2014, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with carers and / or family members, talked with staff and reviewed information given to us by the provider.

We were supported on this inspection by an expert-by-experience. This is a person who has personal experience of using or caring for someone who uses this type of care service.

What people told us and what we found

During our routine inspection of this service we used the evidence gathered in relation to the five outcomes we inspected to answer our five key questions; Is the service safe? Is the service effective? Is the service caring? Is the service responsive? Is the service well-led?

Below is a summary of what we found. The summary is based on information gathered during conversations with people who used the service, relatives, staff and management of Proper Care (Cornwall) Ltd.

Is the service safe?

At the time of the inspection we found the service was safe. The 23 people who used the service that we spoke with all told us they felt "absolutely" safe with their care staff supplied by Proper Care (Cornwall) Ltd.

The Care staff we spoke with understood local safeguarding procedures and had received appropriate safeguarding and Mental Capacity Act training.

We found the providers Safeguarding policy had been updated and new procedures

introduced for recording details of shopping trips completed by members of staff.

Is the service effective?

At the time of the inspection we found the service was effective. Everyone we spoke with was complimentary of the care provided by Proper Care (Cornwall) Ltd. People's comments included "excellent", "very good", "absolutely wonderful" and "I'd give them 100%, I have had no problems with them at all".

Staff demonstrated during our conversations with them a good understanding of the importance of gaining consent prior to providing care or support and people who used the service told us "they come in and chat, make sure I am OK then get started" and "the girls do things the way I ask".

We saw that people's care needs had been assessed in order to ensure that the service could meet their needs and we saw that detailed risk assessments had been completed.

The four care plans we inspected were up to date, highly detailed and provided staff with comprehensive information about each person's care needs.

Is the service caring?

We found that the service was caring and that people who used the service valued the care and support provided by both office and care staff. People told us "Proper Care from the manager down are a really lovely group of people" and "they do listen and the service is always excellent".

The five staff we spoke with reported that they enjoyed their work, their comments included "I love it" and "It's a fabulous place to work".

The daily records of care we inspected were detailed and included information about the care provided, the individuals mood, any changes to their condition and information about how the person had spent their day.

Is the service responsive?

At the time of the inspection we found the service was responsive, we found the service had appropriate complaints procedures and people who used the service told us "all the details (of how to make a complaint) are in the folder that has been provided by Proper Care" and "I phoned the office about one of the carers I wasn't happy with and haven't had her since."

The service regularly received compliments and thank you cards from people who used the service and their relatives. We saw this information and details of any complaints received were shared with staff during informal rota collection meetings each Friday.

An annual survey of people who used the service had been completed in October 2013 when the majority of the 82 people who responded to the survey said the service was "Excellent" or "Very Good".

Is the service well led?

At the time of our inspection Proper Care (Cornwall) Ltd was well lead and it's manager was registered with the Care Quality Commission.

People who used the service told us "the manager is excellent, you only have to phone him. He listens and makes adjustments where needed. One phone call and it is sorted" while staff told us "it's a fabulous place to work", "if I had a problem I would call them (the office) and I am sure something would be done" and "out of hours, amazing service I always get through and always get the help I need".

The service had appropriate quality assurance systems in place and accidents and incidents had been investigated appropriately.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

The 23 people who received care and support from Proper Care (Cornwall) Ltd told us "they come in and chat, make sure I am OK then get started", "The girls do things the way I ask" and "Yes I am involved and they talk to me about things they think I might need doing or changing. I have been with this company for about two years and can't find fault with them." The relatives of people who used the service told us "we were fully involved in the setting of my mother's care plan" and one relative stated "the carers have made a huge difference to the wellbeing of X" as they had respected and complied with a specific request made by the person.

All five of the staff we spoke with demonstrated during our conversations with them a good understanding of the importance of gaining consent prior to providing care or support. Staff members told us "I speak to people and always check with them before doing anything", "I always ask how people like to have things done, even down to how to brush teeth" and "you get to know the people as you go there all the time. It's nice, they get to know you and you get to know what they like".

We found that each person's desired outcome for care had been established and recorded during the care planning process. We found within the four care plans that we reviewed that people who used the service had signed care plans, contracts of care and consent for support with medication forms to formally record their consent to the care as described within these documents. In one care plan we found an individual had been asked for their consent to use a testimonial they had provided within advertising literature.

All of the care plans we inspected included clear guidance to staff on how to gain consent and offer choices during care visits. Where appropriate these included information and guidance on how to communicate with people who used the service in order to gain their consent. Within the care plans we found numerous instructions to staff to offer choices during the provision care these included "Ask X if he would like his back moisturised" and "prepare X either a hot or cold meal of X choice".

We reviewed the daily records of care within the care plans we inspected and found clear examples of staff acting in support of the wishes of people who used the service. These included "X decided she was going to have a pasty for lunchI helped chop up the onion".

One person whose care plans we inspected had declined to consent to staff removing care records from the home before a relative had an opportunity to review them. We saw the service had complied with this request and introduced a system where these care records were regularly reviewed by senior carers in the person's home. This system was designed to ensure relevant information was passed to the office promptly while complying with the person's refusal to have daily care notes returned to the office regularly.

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

As part of this inspection we spoke with 23 people who used the service by telephone. Everyone we spoke with was complimentary of the quality of care provided by Proper Care (Cornwall) Ltd. People's comments included "excellent", "very good", "absolutely wonderful" and "I'd give them 100%, I have had no problems with them at all".

We inspected the care plans of four people who used the service. Care plans are essential to plan and review the specific care needs of a person. They are a tool used to inform and direct staff about a person and their individual care needs.

The care plans were highly detailed and included clear specific directions to staff as to their responsibilities during each care visit. For example one person's care plan instructed staff during the morning visit to "Put on left sock (inside out as the seam rubs X's foot otherwise)".

We found that all of the care plans we inspected had been regularly reviewed and updated to ensure they accurately recorded details of each person's current care needs. The staff we spoke with told us that the care plan were detailed and accurately reflected people's care needs. Their comments included "care plans are usually up to date and very good" and "they are fine and up to date".

The care plans included detailed information about the person, their life history, likes, interest and hobbies as well as detailed background information about their medical condition and care needs gathered during the care assessment process. This type of information was important as it helped staff to understand how an individual's past effected their current care and support needs.

We saw that risk assessments had also been completed in each of the care plans we inspected. Risk assessments are a tool used to identify any hazards and the action that staff must take to reduce the risk from the hazard. The risk assessments we inspected included details of risks in relation to both the person in receipt of care and their care staff and clearly instructed staff on the actions they must take in response to the identified risks.

For example one risk assessment instructed staff "all transfers will have to be via the hoist and sling provided. Use the white loops for the upper body and the blue loops for the lower body."

We found that staff had completed daily records of care during each of their care visits. These records were detailed and included information about the care provided, the individuals mood, any changes to their condition and information about how the person had spent their day. The daily records were legible, signed and recorded the arrival and departure times of staff all staff present during the care visit.

We compared people preferences in relation to the timing of their care visits with visit times as recorded in the daily care and found that care visits had generally occurred at the agreed visit time and had been of the correct visit length. However people who used the service had mixed experienced in relation to the timing of care visits. Some people told us "They always arrive on time", "they are rarely late and if they are they let me know. As far as I can remember they have only ever been late twice" and "they are usually on time unless there is an emergency. They will ring me if they are going to be over half an hour late". While others reported that some care visit had been shortened. Comments included "the morning staff are good and hardworking but evenings sometimes I don't get my full time. I have now bought a new watch so I can check their time keeping" and "sometimes I don't get my full time, I have to watch them as they are in a hurry, I don't like being rushed and I should have my full time."

We asked the five staff we spoke with about the timing of care visits. Staff told us "there is no travel time", "no travel time so you have to manage things really well", "we do have back to back care visit but they are planned so no more than a couple of miles apart" and "we don't get travel time at the moment but it is all going to be re-addressed".

We reviewed staff rotas and schedules of care visits. One of the visit schedules we reviewed was referred to as "seven o'clock run" by office staff. We found that the first visit on this run was scheduled to begin at 07:30 We asked why this was referred to as the seven o'clock run and were told that the staff usually started this run before the scheduled start time of the first care visit. On this run we found carers were expected to complete care visits consecutively without travel time between care visits. In addition we noted that the fourth and seventh care visits of the day were scheduled to end 15 minutes after the next care visits was due to begin.

We discussed these issues with the registered manager and nominated individual who explained that at the moment the visit planning system did not included designated travel time and did not automatically ensure that care visits did not overlap when changes were made to visit schedules. We saw evidence from emails and staff meeting minutes that demonstrated the provider had begun to take appropriate steps to address the issues in relation to staff travel time and overlapping care visits. The provider may wish to note that visit planning schedules must allow staff sufficient time for travel between visits and be designed to ensure that visit times do not overlap.

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

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

At our previous inspection we had concerns about the level of safeguarding training that staff employed by Proper Care (Cornwall) Ltd had received. In addition we found that contact information within the providers policy documentation was out of date and that records of financial transactions had not been signed by the person who used the service to confirm their accuracy.

At this inspection we spoke with 23 people all of whom told us they "definitely" felt safe with the carers supplied by Proper Care (Cornwall) Ltd. Their comments included "The carers I have seemed to have had good training in meeting my needs", "they do have appropriate training especially with the way they have to use the hoist" and "the staff are very good, they are a God send".

We reviewed the services safeguarding policy. We found that this policy had been reviewed and updated since our previous inspection and now included the correct contact telephone numbers for the Cornwall Adult Care Health and Wellbeing, the Police and the Care Quality Commission. The policy described the different types of abuse and provided clear guidance to staff on the actions they must take in response to any incidents of abuse concerning vulnerable adults.

We saw that all staff had access to information about the safeguarding of vulnerable adults provided by Cornwall Council. This included posters displayed within the agencies office and a number of copies of the "Alerters Guide" which provided clear information on how concerns in relation to the safeguarding of vulnerable adults should be reported in Cornwall.

We found that all staff had received safeguarding training and that on the day of our inspection 12 staff were receiving additional human rights training that included details of the providers safeguarding procedures and information about the Mental Capacity Act. The Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (MCA & DOLS) provide a legal framework that protects people who lack the mental ability to make decisions about their life and welfare. The staff we spoke with during the inspection were

able to explain their role in relation to the safeguarding of vulnerable adults.

We found that new procedures in relation to the documentation of shopping trips completed on behalf of people who used the service had been introduced. We saw in one of the care plans we reviewed that both the person who used the service and the member of staff who had completed the shopping trip had signed these financial records to confirm their accuracy.

Assessing and monitoring the quality of service provision

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

People who received care and support from Proper Care (Cornwall) Ltd told us it was easy to contact the office when necessary and that any issues they reported were resolved appropriately. Comments included "They do listen and the service is always excellent", "Proper Care from the manager down are a really lovely group of people" and "The manager is excellent, you only have to phone him. He listens and makes adjustments where needed. One phone call and it is sorted".

The five staff we spoke with told us they were well supported, and enjoyed working for Proper Care (Cornwall) Ltd. Their comments included "I love it", "It's a fabulous place to work", "If I had a problem I would call them (the office) and I am sure something would be done" and "out of hours, amazing service I always get through and always get the help I need".

We found Proper care had appropriate procedures in place for monitoring the quality of the care provided. These included spot checks of staff during care visits, staff supervision meetings and annual surveys of people who used the service. We saw records that demonstrated targeted spot checks had been conducted to ensure information provided to staff had been understood and correctly implemented. Staff members told us "I had some supervision quite recently they came along and watched what I did" and "they do quite a lot of spot checks".

The most recent survey of people who used the service had been completed in October 2013. We found that 143 questionnaires had been sent out and a total of 82 responses received. The majority of people reported that they felt the service was "Excellent" or "Very Good".

Most people we spoke with told us they had been involved in reviews of their care plans. Comments received included "At least once a year we go through my care plan and discuss what or if I want any changes made", "they do listen and make changes in agreement with me" and "at least once a year sometimes twice. They do listen and try to

change things where necessary". One person told us "It is coming up for 12 months since I started having Proper Care and haven't had a review as yet perhaps I will shortly".

We found that all staff employed by Proper Care (Cornwall) Ltd were encouraged to visit the services office every Friday to collect their rotas. During these visits to the office staff were provided with updates on any changes to care plans and visit schedules and were able to discuss any issues with colleagues and managers.

Proper Care (Cornwall) Ltd had appropriate procedures in place for the monitoring and recording details of all accidents and incidents. We reviewed these records and found that accidents had been investigated and reported to external organisations when appropriate.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

Comments and complaints people made were responded to appropriately

Reasons for our judgement

The people who received care and support from Proper Care (Cornwall) Ltd that we spoke with were happy with the standard of care they received. People told us that when they had raised issues with Proper care this issue had been resolved appropriately. When we asked people about the complaints procedure they told us "All the details (of how to make a complaint) are in the folder that has been provided by Proper Care", "I have not had to report anything" and "I phoned the office about one of the carers I wasn't happy with and haven't had her since."

We reviewed Proper Care (Cornwall) Ltd's complaints policy. The policy stated "It is the agency's policy to welcome complaints and look upon them as an opportunity to learn, adapt, improve and provide better services. This policy is intended to ensure that complaints are dealt with properly and that all complaints or comments by service users and their relatives and carers are taken seriously." We found the policy included clear guidance on how to make a complaint and a description of the investigation process that would be followed in relation to any complaints received. The complaints policy stated that all formal complaints would be acknowledged within two days and investigated and a formal report provided to the complainant within 28 days.

The complaints policy also included clear guidance to staff on how issues reported to staff verbally should be resolved. The document instructed staff to immediately address any concerns raised and if this was not possible to report the issue to the manager. We found evidence within the four care plans we reviewed that people who used the service and their relatives had been actively encouraged to raise minor issues with staff to enable them to be resolved promptly. We saw these issues had been reported to duty managers by staff, recorded on the individuals notes and shared with other staff as necessary to ensure the issue did not reoccur.

We found that complaints reported to the office either directly or via members of staff had been thoroughly investigated and resolved in accordance with the complaints policy. For example we saw one person had raised an issue in relation to the high number of care staff that had visited during one week. We saw that in response to this complaint staff rotas had been altered to ensure no more than four carers provided support to this person each week.

Proper Care (Cornwall) Ltd regularly received compliments and thank you cards from people who used the service and their relatives. Recently received compliments included "Thank all the girls for their kind care" and "Thank you so much for looking after my mum". We found that details of all compliments and complaints had been shared with staff during the regular weekly rota collection meetings held in the office each Friday.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social 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 essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.


You can tell us about your experience of this provider on our website.


How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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