



**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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0QD

Tel: 01326560973

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We inspected the following standards as part of a routine inspection. This is what we found:

<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safeguarding people who use services from abuse</b>	✗ Action needed
<b>Requirements relating to workers</b>	✓ Met this standard
<b>Staffing</b>	✓ Met this standard
<b>Supporting workers</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	Proper Care (Cornwall) Limited
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

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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## Summary of this inspection

### Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

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 4 December 2013, talked with people who use the service and talked with carers and / or family members. We talked with staff.

### What people told us and what we found

We contacted 26 people who used the service and relatives to seek their views of the care and support received. People told us they were happy with their care and the carers. Comments included: "They do a really good job" and "If I want anything extra they do help".

We spoke with the registered manager, the deputy manager, the training manager, the community supervisor and four members of staff.

Care plans were detailed and informative. Risk assessments did not contain enough information to guide staff on how to manage identified risks.

We saw people were not protected from the risk of abuse because the provider had not taken steps to ensure staff were able to recognise and respond to potential abuse.

We looked at personnel files for four members of staff. Recruitment systems were robust and staffing levels were satisfactory.

Staff were supported well with regular supervision and meetings. We noted there was an open culture within the organisation.

Proper Care had a suitable quality assurance system in place.

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

### What we have told the provider to do

We have asked the provider to send us a report by 11 January 2014, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement

powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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### **More information about the provider**

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Please see our website [www.cqc.org.uk](http://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

### Care and welfare of people who use services

✓ Met this standard

**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

We contacted twenty six people who used the service and their representatives to seek their views of the care and support received. Comments made included; "Excellent", "Absolutely fine" and "Wonderful". Nearly everyone we spoke with was happy with the care provided by the staff and the agency. Our judgement on compliance is dependent on people's comments about the service they received as it was not possible to directly observe the care provided.

People we spoke with told us carers usually turned up on time and stayed for as long as they needed to although most people were not sure if this was for the correct commissioned time allotted to them. However, seven people told us they felt carers were sometimes rushed. For example one person said, "They're a bit rushed but they can't help that". Staff we spoke with told us they did not have travel time built into their rotas and so they were under pressure to get from one visit to the next without falling behind. One told us; "If there's no travel time you're either rushed or you're late". The provider might wish to note it is important travel time is considered when writing rotas to allow carers to spend the correct amount of time with people.

Care plans are essential to plan and review the specific health and social care needs of a person. They are a tool used to inform and direct staff. We inspected the care files for four people we had spoken with on the telephone. Plans were kept in people's homes, with a further copy in the organisation's Helston office. The records we inspected contained a care plan, daily records and risk assessments. There was evidence of care plan review. Care plans outlined the care provided to individuals. This information was separated into sections for each visit, for example one care plan we looked at described the care and support required in the morning and that needed on the tea time visit. They included information regarding peoples' health needs, mobility, personal care needs, daily living activities and medication. They also included brief life histories, and information about peoples' emotional well being. The care plans seen contained sufficient detail to direct staff in respect of how people's care and social needs were to be met. A member of staff we

spoke with said they found the lay out easy to use and clear although they felt the care plans were lacking in detail.

We saw care plans promoted individuals independence; for example one plan stated; "X is determined to recover as much function as possible in their affected limbs and this should be encouraged". The provider might like to note that where contact details had been recorded for people to contact in an emergency the relationship of the person to that of the person using the service was not stated. This meant carers who needed to contact people would not know who they were contacting.

The care plans we inspected were all to a satisfactory standard and included detailed information regarding what care people required. We saw they had been reviewed on a six monthly basis and updated accordingly. The registered manager told us the senior team also carried out 'Out of Hospital' reviews as well as responsive reviews when changing needs were identified. Staff we spoke with said if they identified a need to update care plans they were able to come into the office and do this immediately.

The provider might like to note that one care plan we looked at contained a lot of old information which could make it difficult for staff to identify the most up to date records. It is important care files are managed effectively and old information regularly archived in order to ensure they are user friendly.

Risk assessments provide information to staff on how to reduce the risk from external and personal hazards. We looked at risk assessments contained in peoples' files. We noted they were brief and generic, listing potential risks which might occur such as neighbourhood, security and lighting and identifying where these were present. There was very little detail or guidance for staff on how to manage identified risks. For example we saw one risk assessment stated; "X uses an unsafe method to transfer (from the bath) which staff do not assist with. Staff not to catch X if they fall." There was no further information or advice for staff. We discussed this with the registered manager and manager who told us they intended to update all risk assessments in the New Year. The provider might like to note it is important risk assessments contain enough information to guide staff so they are able to alleviate identified risks.

The registered persons had developed a 'Service User Guide'. This document outlined what services were provided by Proper Care and included the organisation's complaints procedure. The registered manager told us this document was provided to people when they started to use the service.

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

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### **Our judgement**

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The provider was not meeting this standard.

People who used the service were not protected from the risk of abuse, because the provider had not taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

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### **Reasons for our judgement**

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We contacted twenty six people who used the service to seek their views, and all were complimentary about the staff. They said they had confidence in them and Proper Care. People said they were confident the staff, and the agency as a whole, would respond appropriately to any concerns. Everyone we spoke with said they would ring the office directly if they had a complaint. The people we spoke with we said they felt safe with the care workers who came into their home.

We discussed with staff, what actions they would take if they had any concerns regarding the support people received. The staff we spoke with said they would contact management and were confident their concerns would be listened to and acted upon. However not all staff were sure who they could contact outside of the organisation, for example the local authority, police or the Care Quality Commission (CQC). The local authorities 'Alerters Guide' which informs staff how to report concerns was not available in the office.

The staff we spoke with all stated they had received training regarding recognising the signs of abuse and what they should do if they had any concerns regarding practice or allegations of abuse. According to training records seventeen of the fifty-nine members of staff had not received safeguarding training and fourteen staff were due to have their safeguarding training refreshed. Seventeen staff had not had any training in the Mental Capacity Act (2005). 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. It is important staff are supported to have safeguarding training and that it is regularly refreshed so people can be confident they are equipped to recognise the signs of abuse and act accordingly.

We inspected the organisation's adult safeguarding policy which contained information about the types of abuse, and what action staff should take if they suspected abuse was occurring. The policy had been reviewed in June 2012. However, the contact details for CQC were out of date as was the non-emergency contact telephone number for Devon

and Cornwall Police.

We saw in one persons' care plan that carers carried out regular shopping trips on their behalf. The manager told us there was a system in place whereby receipts and change were returned to the person home and a form was filled in to document the transaction which was then signed by the carer and the person using the service. We saw an example of a form within the care files. However this had not been signed by the person using the service. The accompanying receipts were not attached to the form and fell out of the folder when it was picked up. It is important accurate records are maintained when managing money on behalf of people who use the service.

## Requirements relating to workers

Met this standard

**People should be cared for by staff who are properly qualified and able to do their job**

### Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

### Reasons for our judgement

We looked at four staff personnel files and saw that Proper Care operated a consistently effective recruitment procedure in order to ensure that the people they employed were of good character, suitably qualified, skilled and experienced. We inspected documentation relating to the recruitment of four members of care staff. We saw, for example, application forms, pre-employment health questionnaires, employment references, evidence of car insurance including business use and relevant Disclosure and Barring Service (DBS) checks. All of the personnel records seen contained a copy of photographic documentation that confirmed the applicant's identity prior to employment.

Personnel records were seen to contain training certificates for training completed and records relating to induction and supervisions. We noted staff had signed lone worker safety agreements and there was a policy in place to inform staff of precautionary action to take when lone working.

People who used the service, who we were able to speak with, told us they liked the staff and found them kind and helpful. People who used the service and their relatives did not make any other comments about the recruitment of staff. The staff we spoke with were very happy with service standards and said Proper Care was a good organisation to work for.

Staff we spoke with said they had received a formal induction prior to working on their own with people who used the service. This included working with more experienced staff to learn routines and good practice.

## Staffing

Met this standard

**There should be enough members of staff to keep people safe and meet their health and welfare needs**

### Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

### Reasons for our judgement

Each person who was supported by Proper Care had their staffing needs regularly assessed by the organisation and the local authority which paid for their care package.

Assessed support mainly comprised of staff visiting people's homes for a period of between half an hour and one hour. Support could be provided by one or two carers. The people who used the service, who we spoke with, and the staff that supported them, all thought staffing levels were appropriate. People told us staff arrived on time, and did not miss visits.

The staff we spoke with said they thought support was well co-ordinated, that the teams they worked in were effective and there was good communication between colleagues.

The manager told us they were fully staffed although they were recruiting. This was so they could take on more work. Whilst we were in the office we heard the registered manager and manager discuss the possibility of accepting two more packages of care. They agreed they did not have capacity at that time to do this and subsequently informed the commissioners they were unable to accept the work. This demonstrated Proper Care was aware of the importance of matching commissioned hours with available staffing levels.

Proper Care had an on call system in place which ensured that, where people were unexpectedly absent from work, there was access to immediate cover in order to meet peoples' care needs.

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills****Our judgement**

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

**Reasons for our judgement**

Supervision is a vital tool used between an employer and an employee to capture working practices. It is an opportunity to discuss on-going training and development. Supervision enables staff to receive support and guidance about their work. There was evidence of supervision on record in people's files. The staff we spoke with said they received supervision on a monthly basis. The staff we spoke with all said they were confident in approaching senior staff at any time if they required advice and/or guidance. They said management supported them appropriately and would provide them with feedback about their performance as necessary. Management and staff also told us there were regular staff meetings.

A training matrix is a record that provides an overview of staff training and training needs. We saw the agencies training matrix and found it to be comprehensive and easy to use. Proper Care employed a training manager who ensured the matrix was updated monthly and was able to deliver training as required. Staff we spoke with said they felt they received enough training to do their jobs confidently and were confident if they needed specific training in order to meet the needs of individuals they would be able to ask for it. People we spoke with, who used the service, told us they believed the carers were professional and, "seem to know what they are doing". As previously noted safeguarding and related training was not up to date for all staff. In addition we noted nineteen out of fifty-nine staff had not received dementia training and fifteen staff were due a refresher training in this area. In all other areas we saw training was up to date.

An induction is an essential process all staff should undertake when joining an organisation. An induction welcomes new staff to the ethos of an organisation. It ensures staff feel confident and equipped with the necessary information about the organisation, and enables staff to have a clear understanding about policies and procedures. We saw from the staff files, and staff told us, new staff were required to undertake induction training. This involved a period of shadowing more experienced staff and training in line with Common Induction Standards. (CIS) The CIS is a national tool used to enable care workers to demonstrate high quality care in a health and social care setting. People who used the service we spoke with confirmed that where a new member of staff was assigned to them they initially were accompanied by someone who had worked with them previously

and knew their needs well.

## **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**

We inspected a satisfactory quality assurance system for the organisation. The registered manager and deputy manager told us they regularly spoke with people who used the service, their relatives and staff to make sure that all were satisfied with the running of the agency. The registered manager confirmed that questionnaires were regularly given to people who used the service. We saw a questionnaire had been sent out in 2012 and the results collated. We saw although the response was low, the feedback had been positive. The deputy manager told us a questionnaire had been sent out recently and they were still receiving responses so had not yet started to collate the results. We saw examples of completed questionnaires and people we spoke with who used the service confirmed they had received them.

The staff we spoke with told us management were "approachable" and "open". They said they always felt able to go to the office with any issues or concerns and believed they would be taken seriously and listened to.

We saw there was a complaints policy in place which was included in the service user guide issued to everyone when they started receiving care from the agency. People we spoke with confirmed they had a copy of this. Most people said they would ring the office with any complaints and believed it would be dealt with. One person commented, "I'd phone the manager and give him an earful!" We saw documentation regarding a recent complaint. We saw this had been dealt with swiftly and in line with the policy. We saw there had been regular communication between Proper Care, the person who used the service and their relatives, following the complaint. We noted action had been taken following the incident to guard against repeat occurrences' and that this had been to the satisfaction of the person involved and their relatives. This showed us Proper Care were able to deal with complaints effectively.

We saw, in staff files that alongside supervisions Proper Care also carried out spot checks in peoples' homes. This allowed members of the senior team to observe care being delivered and speak to people in receipt of care to ensure they were satisfied with the service.

Proper Care issued a weekly newsletter for all staff which they received by email and also had a paper copy attached to their rotas. This was used as a means of communicating information to the team. The deputy manager told us peoples full names were not used in the newsletter to protect confidentiality. We saw an example of the previous week's newsletter.

We saw the Compliments and Complaints book kept in the office. We noted this contained only compliments in the form of letters and thank you cards which had been sent to the agency by people who used the service and relatives.

Record systems in place were satisfactory. Care planning, staff records and policies and procedures were all comprehensive and easily located.

**This section is primarily information for the provider**

## **✗ Action we have told the provider to take**

### **Compliance actions**

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Personal care	<b>Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010</b> <b>Safeguarding people who use services from abuse</b> <b>How the regulation was not being met:</b> People were not protected from the risk of abuse because the provider had not taken reasonable steps to identify the possibility of abuse and prevent it. Nor had they taken reasonable steps to ensure staff were able to respond appropriately to any allegation of abuse. Regulation 11 (1) (a) (b)

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 11 January 2014.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

## 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.

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**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.

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**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.

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**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

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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.

## Contact us

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