

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

Proper Care (Cornwall) Limited

15-16 Tresprison Business Park, Helston, TR13
0QD

Tel: 01326560973

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

Respecting and involving people who use services ✓ Met this standard

Care and welfare of people who use services ✓ Met this standard

Safeguarding people who use services from abuse ✓ Met this standard

Management of medicines ✓ Met this standard

Supporting workers ✓ Met this standard

Records ✓ 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 unannounced 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 29 November 2012, 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 staff.

What people told us and what we found

We spoke to fifteen people who were received care from Proper Care (Cornwall) Ltd. Everyone we spoke to was very positive about the care they received and told us the staff do "a very good job" and one person said "I can't speak too highly of them. Nothing is too much trouble for them".

The care plans we looked at directed and informed staff as to how the care was to be provided on each visit and reminded carers to offer choices to people as well as prompting them to be respectful of peoples privacy and dignity during activities of personal care.

Some people told us they had specifically requested carers of one gender or another and this request had been accepted. We also saw examples of this documented in care plans and initial assessments. The agency told us that where there was difficulty accommodating a particular request they did not accept the care package.

The recruitment process was robust and training was both comprehensive and provided frequently.

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

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

We visited and spoke to fifteen people who were received care from Proper Care. Everyone we spoke to was very positive about the care they received and told us the staff are "very good" and one person said "They are all very pleasant, helpful and kind".

One person told us that they had the same care worker in the mornings and explained that this meant the care was completed consistently and in a way the person preferred.

Eight of the people we spoke to told us that the staff are "generally on time". A survey completed by people who used the service in October and November 2012 showed that nearly 60% of people reported that they were contacted in situations where carers would be late by more than 20 minutes. One person and their relative told us that time keeping had improved throughout the period they had been receiving care from the agency and that, "overall, the service is very satisfactory".

We looked at the care plans for four people that used the service. These documents were kept in the person's own home and a copy was held in the headquarters. Each contained the person's preferences and choices. Details included what they liked to be called, and specific details about how carers should provide care.

We saw people had been involved in their care planning. Assessment documents were held on file demonstrating that people's needs, likes and dislikes were considered in drawing up care plans. Care plans were regularly reviewed and updated at least every six months dependent upon the complexity of care and any changes to the care plan. The people that we spoke with told us they were all aware of the care plans and had a signed copy at home.

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

We spoke with fifteen people that used the service. All stated that the care workers were helpful and proficient in the care undertaken and carers assisted them for their allotted time. People told us that the staff were "very good" and one person told us "I can't speak too highly of them. Nothing is too much trouble for them".

We looked at the care records of four people, which contained risk assessments which had been reviewed recently and included areas such as infection control and the risks of "trips and falls". The risk assessments were adequately completed and highlighted the potential risks to the person that used the service and the staff member. An example seen made staff aware that a person had previously had a hip replacement and now used a walking aid.

Within the care records we saw assessments from the local authority and the "Purchasing Order" which detailed how long and how many times a person was to be visited. We also saw that Proper Care completed needs assessments prior to the individual receiving care from the service.

Ensuring continuity of care for people is a priority, and is done by ensuring the staff rota follows a set pattern as much as possible. One person told us "There is a team of about five or six carers. It's been the same since they started coming". The continuity of carers allows for people to get to know who will be caring for them and also assists carers in providing feedback as to how people are, which ultimately results in better care and welfare outcomes for people.

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

We spoke with fifteen people who used the service and they told us they were happy with the way in which staff at the agency treated them. People told us staff were professional and where any issues with their care had arisen the staff and management were quick to address them to the satisfaction of the people who used the service. People told us that staff were kind, polite and helpful and provided good care.

During our visit, we reviewed safeguarding policies for the service. We also saw training information displayed within the office advising staff about recognising and reporting safeguarding concerns.

We reviewed the training records and saw that with the exception of new staff members, all other staff had completed training in safeguarding vulnerable adults.

We spoke with fifteen people or their representative, all of whom told us they felt safe with the care and support received and would be confident to raise any concerns if they arose.

We also spoke with five members of care staff who were knowledgeable about recognising potential abuse and the procedures to follow for reporting safeguarding concerns if identified.

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

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

We observed that the provider had a policy and procedure in place detailing information for staff regarding the assistance they were able to provide to people with their medication. The policy stated that before assistance could be given with medication this must be reflected within the care plan and could only be medication that was dispensed by a pharmacist. In the care plans we looked at, medications were listed as was the assistance staff would provide where appropriate. The provider might like to note that instruction for medication should be specific to the individual. Where someone needs prompting to take medication, the care instructions should detail what the prompting entails.

People who used the service were provided with an information sheet from Proper Care outlining the methods in which carers could assist with medication. This also identified what carers could not do, such as break or crush tablets. In the case of replacing topical pain relief patches, people were made aware that carers could only do this if written consent from the person's GP was in place. We observed that such arrangements were documented on the care plans.

Training records provided evidence that all staff had completed medication training or were scheduled to complete such training in the near future.

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

We spoke to the registered manager, an area manager and the individual responsible for training and quality assurance monitoring. We also looked at six staff files. One staff member told us, "I find them very good to work for. If I have any concerns, they are there. They are very approachable".

During the inspection process, we spoke with five members of staff who told us they felt supported and received appropriate training to fulfil their role. All of the staff we spoke with said they had received an induction period when they first started with the agency and had also received training updates since their induction.

We saw evidence that new staff received training prior to visiting individuals in their own homes in the form of shadowing more experienced staff. This is where new staff go to a persons home with an experienced member of staff and observe how care is undertaken. Dates of these "shadow visits" were seen in staff files and confirmed when speaking with staff.

The agency operated a comprehensive in-house training programme which included safeguarding and the Mental Capacity Act. The records showed that Proper Care provided a variety of training for their staff. Training took place regularly and certificates were seen on staff personnel files.

We were told that supervision and spot-checks took place regularly by either area managers or senior carers. This was confirmed all all staff members we spoke to.

Records

✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

Staff records and other records relevant to the management of the services were accurate and fit for purpose.

People's personal records including medical records were observed to be accurate, fit for purpose and documented within the needs assessment, care plan and reviews appropriately.

Care plans we reviewed were accurate and evidence of regular 3-6 monthly reviews were apparent. Records about the care, treatment and support of people who use services are updated as soon as practical through the use of daily records completed by care staff and added to care plans as appropriate.

People's confidential personal information and copies of care plans were stored securely in filing cabinets in a locked store room. The provider might like to note that the filing cabinets should be kept locked at all times when files are not required to ensure the security of people's private information.

We observed staff training records were accurate and up to date with the agency training schedule.

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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

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