

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

## Truro Internal Homecare Agency

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Date of Inspections: 17 April 2014  
16 April 2014

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2014

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

<b>Consent to care and treatment</b>	✓	Met this standard
<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Supporting workers</b>	✓	Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓	Met this standard
<b>Complaints</b>	✓	Met this standard

## Details about this location

Registered Provider	Cornwall Council
Registered Manager	Mrs Andrea Louise Retallick
Overview of the service	Truro Internal Homecare Agency is registered to provide personal care to people in their own homes. People who used the service refer to it as the STEPS team (Short Term Enablement and Planning Service). The service provides care visits for periods of up to six weeks and aims to re-enable people to maximise their independence within their own home.
Type of service	Domiciliary care service
Regulated activity	Personal care

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## Summary of this inspection

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 16 April 2014 and 17 April 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 and talked with staff.

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### What people told us and what we found

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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 Truro Internal Homecare Agency.

Is the service safe?

We found that Truro Internal Homecare Agency provided safe care and support to people who used the service. We saw that appropriate risk assessments had been completed and that people's care had been planned so as to ensure their safety during each care intervention.

Is the service effective?

People's health and care needs had been assessed during face to face meetings between team leaders and with the individual in need of care and support. We found regular reviews of care needs had been completed throughout the six week re-enablement period and care plans had been updated appropriately to reflect the changing needs of individuals. People who used the service told us "I am amazed how much progress I have made", "I was impressed with the setup" and "they are very good indeed".

Surveys completed by the provider at the end of the six weeks of care provision found that 89% of people felt they were able to complete more tasks independently as a result of the support provided by Truro Internal Homecare Agency.

The procedures for ensuring people who used the service consented to their care were robust. People told us "they ask me 'what would you like to do today'" and "I want to be able to do it and they are helping me". We saw that the service had reacted appropriately when consent was withdrawn.

Is the service caring?

Everyone we spoke with was happy with the quality of care and support they had received from Truro Internal Homecare Agency. Comments received included "they are very very good", the staff are "Inspirational" and "very friendly, very professional".

All of the staff we spoke with were proud of their work and had a good understanding of the care needs of the people they supported.

People's preferences, interests, care needs and goals for care interventions had been recorded during the care assessment process. Regular reviews of care provision had been completed by team leaders during visits with people who used the service and care documentation had been updated to reflect individuals changing needs for care and support.

Is the service responsive?

The service was responsive; we found people who used the service knew how to make complaints but everyone we spoke with told us they had not needed to make a complaint. People told us "I have a booklet with all that information but I have never needed it" and "I am very pleased with them, I have no complaints whatsoever". The provider's complaints procedures were robust and all complaints, which were received very infrequently, had been effectively investigated and resolved.

The service routinely received compliments from people who used the service, we saw that these compliments were shared with staff and had been discussed during staff supervision meetings.

We found that the service aimed to review care plans each week to ensure they accurately reflected people's care needs. People who used the service told us they felt involved in the care planning process and one person told us "we choose not to have all the visits they offered".

Is the service well led?

Truro Internal Homecare Agency was well led. Staff members told us the manager and Team leaders are "absolutely brilliant", "the on call system is very good" and "you can always get hold of people when you need them".

The service had appropriate quality assurance systems and numerous auditing processes designed to ensure continuing improvement to the quality of service provided.

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

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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

### 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

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### Our judgement

The provider was meeting this standard.

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

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### Reasons for our judgement

The seven people who received care and support from Truro Internal Homecare Agency told us "they always asked me what I wanted to do", "they ask me 'what would you like to do today'" and "I want to be able to do it and they are helping me".

All seven 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 always ask 'are you happy'", "I check consent all the way through", "If people don't want to do things you don't force them" and "If someone doesn't feel up to it, that's fine we don't do it. I usually then stay and have a chat".

We found that as part of the care assessment process team leaders had met with individuals in need of care or support to discuss their care needs and desired goals in relation to re-enablement. We found during these assessment discussions the team leaders had worked with the individual to develop specific goals for each area of support and an overall goal for the care provided. Identified Goals within the care plans reviewed included "X would like to progress from mobilising with a frame to two sticks as X was prior to her recent hospital admission" and "X goal is to wash and dress without supervision or support". We saw that people who used the service and their relatives had also been involved in weekly reviews of care. People told us their wishes had been respected during these conversations and one person told us "we choose not to have all the visits they offered".

The care plans that had been returned to the office at the end of the six weeks of care provision had all been signed by the individual in receipt of care to record their consent to the care as planned. Each of the four care plans we inspected included clear instructions to staff to follow the requests of people who used the service. For example one care plan told staff "X will choose daily if she would like a shower or a wash sat at basin".

The daily records of care we reviewed included numerous examples of staff acting in

accordance with wishes of the people who used the service. For example the final daily note in one care plan said "On arrival X expressed she did not want the service to continue. Team leader informed. Book taken out. Survey left" This showed that staff had responded appropriately where people who used the service withdrew their consent.

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

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**Our judgement**

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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.

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**Reasons for our judgement**

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We spoke with seven people who used the service or their relatives by telephone during the inspection. Everyone we spoke with was happy with the quality of care and support they had received from Truro Internal Homecare Agency. People told us "they are very very good", "I was a bit apprehensive before they started but I have been very impressed with the care", "I will miss them but I am getting on great at the moment" and "I am amazed how much progress I have made".

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 included detailed assessment of care needs, agreed goals and desired outcomes of care as well as information about each person's hobbies, interests and life history. This type of information is important as it provides care staff with an understanding of who people are and how their life experiences can impact on their health and wellbeing.

We found that the care plans were clear, informative and accurately reflected people's care and support needs. Staff told us "the care plans are normally done before the first visit" and "the information we get is amazing".

Records showed that care plans had been regularly reviewed by team leaders who aimed to visit each person who used the service in their own home once per week. People who used the service told us that team leaders visited regularly. Comments received included "I've seen the team leader two or three times so far" and "she came and had a look at what we had been doing. She checked I was happy". We found that one person had expressed a preference for longer care visits in the evening during one of their review meetings. This person's care records showed that as a result of this request the length of the evening care visit had been increased from 30 minutes to 45 minutes. This demonstrated that the wishes and preferences of people who used the service had been respected.

All of the care plans reviewed included detailed assessments of the risk to both staff and to people who used the service during the provision of care and support. Risk assessments

are a tool used to identify any hazards and the action that staff must take to reduce the risk from the hazard. We found the risk assessments had been completed during the initial assessment visit and included information for staff on the actions they must take to mitigate against the identified risks.

We inspected the daily records of care for each of the people whose care plans we reviewed. The records were detailed, informative and included records of the arrival and departure times of staff. They included details of the care provided, food and fluid consumed, persons mood and activities or exercises they had completed as well as comments on the individuals progress towards their agreed goals. All daily care records had been signed by staff.

We compared information on the timing of care visits recorded in the daily records of care with people's expressed preferences in relation to the timing of care visit. We found that staff routinely arrived on time and stayed with the individual in need of care and support for the full visit. The provider also used a telephone based electronic call monitoring system that allowed staff to report their arrival and departure from each care visit. These records accurately reflected the information recorded in the daily records of care and we were able to identify from the providers visit planning records where people who used the service had chosen to cancel individual care visits. People who used the service told us their care staff were "pretty punctual", "always on time" and "they are always punctual and don't rush away". People also reported that they regularly saw the same members of staff and were able to get to develop effective and supportive relationships. Members of staff reported "I usually have plenty of time" and "we have enough time, if not I call the office and the care plan gets amended" and "I usually have plenty of time, during the weekly assessment the visit times are increased if more help is needed."

We saw that the Truro Internal Homecare Agency Services had appropriate emergency contingency plans including an adverse weather procedure. During our inspection we heard team leaders and the registered manager discussing procedures to be used during an upcoming community event that was expected to impact significantly on local traffic conditions.

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

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## Our judgement

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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.

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## Reasons for our judgement

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All of the people we spoke with told us they were happy with the staff who supported them supplied by Truro Internal Homecare Agency. Comments included "Inspirational", "very friendly, very professional" and "we do get on brilliantly".

The seven staff we spoke with during our inspection told us they enjoyed their work and felt supported by their manager and team leaders. Staff comments included "I love the job I do", "it's lovely job, very satisfying", "everyone has excellent standards", "there is always someone on the end of the phone if you need help" and "we have good support".

There was a formal structured induction process available to support new members of staff when they joined the organisation and we found that all existing members of staff were currently re-doing the common induction standards (CIS) workbooks with the aim of achieving 100% for all of the included tests. The CIS is a national tool used to enable care workers to demonstrate high quality care in a health and social care setting.

We reviewed the services training matrix which recorded details of the training completed by each member of staff. The training matrix was used by the manager to monitor the training needs of individual member of staff. We compared the information in the training matrix with the copies of training certificated in the three staff file we inspected. This analysis showed the information in the training matrix was accurate and up to date. We saw records that demonstrated all staff had completed training in relation to a variety of subjects including; the Mental Capacity Act, safeguarding of children and vulnerable adults, fire safety and food safety. In addition we saw that all staff had completed a two week training course on providing support to people who had experienced a stroke. One person who used the service told us "there training was obviously good".

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. We saw all staff had received supervision from their team leaders. Staff supervisions consisted of observation of care provision during care review meetings and formal face to face meeting between staff and team leaders. Thew records of these meetings demonstrated they had provided an oppertunity to discuss the care observations and other relevant issues.

Staff told us they had recently completed the annual appraisal process with support from their team leaders. The provider may wish to note a number of members of staff told us they had found the new appraisal process "difficult and quite stressful".

We found monthly staff meetings had been completed and the minutes of these meetings demonstrated staff had been able to discuss issues openly and resolve them with support from the manager and team leaders.

## 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

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### Our judgement

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The provider was meeting this standard.

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

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### Reasons for our judgement

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The provider asked everyone who used the service to complete a questionnaire about the support they had received at the end of the period of care. We found that 57 completed surveys had been received in the three months prior to the inspection. 98% of people reported they were satisfied with the quality of care and support they had received. These surveys also found that 89% of people felt they were able to complete more tasks independently as a result of the support provided by Truro Internal Homecare Agency. The people who used the service that we spoke with during the inspection told us "I was impressed with the setup" and "they are very good indeed".

We found that all of the care plans we inspected had been regularly reviewed and updated by team leaders to ensure they accurately reflected each individual's changing support needs as they progressed through the re-enablement process. People told us "I've seen the team leader two or three times so far" and "she came and had a look at what we had been doing. She checked I was happy".

The service had effective systems in place for managing information received by office staff. We saw staff maintained digital records of all communications between office staff and people who used the service. We were able to use this information to establish when individual care visits had been cancelled at the request of individuals who used the service. In addition an electronic call monitoring system was used to record details of all visits made by care staff. This system automatically generated alerts to team leaders where visits had been late to allow any issues to be resolved promptly.

The provider had appropriate systems in place to provide support to staff and people who used the service outside of office hours and we found that information received by on call staff was effectively transferred to office staff each morning. Staff members told us the manager and team leaders are "absolutely brilliant", "the on call system is very good" and "you can always get hold of people when you need them".

We found numerous audits of care plan documentation had been completed, these included regular peer review audits by an external manager of the goals within care plans,

monthly audits of a sample of care plans produced by each team leader and a full audit of all care plans by the manager at the end of each period of care and support.

The provider's policy documentation had been regularly updated and we found there were appropriate procedures in place for the recording of accidents and adverse incidents.

**People should have their complaints listened to and acted on properly**

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**Our judgement**

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The provider was meeting this standard.

There was an effective complaints system available.

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**Reasons for our judgement**

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All seven of the people who received support from Truro Internal Homecare Agency were happy with the standard of care they received. When we asked people how they would make a complaint we were told "I have a booklet with all that information but I have never needed it" and "I am very pleased with them, I have no complaints whatsoever".

We found that Truro Internal Homecare Agency regularly received positive feedback and other compliments from people who used the service. In the three months prior to the inspection a total of 26 compliments had been received. Compliments received included "About the best support team I have come across", "No improvements needed - excellent if you get any new carers in send them here and I will assess them! All wonderful. Even if it was raining - they would still come in with a smile - really miss my girls, get quite emotional when I think of them. Don't think I would have got on as I have without them" and "I was more than satisfied with the service I received from all the staff. Thank you very much. Thank each and every one for their visits."

The registered manager informed us that a copy of the services complaints policy was given to everyone who received care and support from of the Short Term Enablement and Planning (STEP) Service. We reviewed this policy and found it 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. We found that the small number of complaints received had been effectively investigated and resolved in accordance with the complaints policy.

The complaints policy also included information on the procedures available to complainants if they were dissatisfied with how their complaint had been handled. This included the contact details of the local government ombudsman for use in the event that an individual was unsatisfied with the investigation into the complaint. During our conversation with managers and staff we found that Truro Internal Homecare Agency adopted a learning approach in relation to comments received in relation to the quality of the service and there was a clear drive to ensure people received high quality care and support.

## 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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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