

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

Care Purbeck

6 Peveril Court, Peveril Road, Swanage, BH19
2DG

Tel: 07505796398

Date of Inspection: 01 August 2014

Date of Publication:
September 2014

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

Requirements relating to workers ✓ Met this standard

Assessing and monitoring the quality of service provision ✓ Met this standard

Details about this location

Registered Provider	Mrs Clare Elizabeth Ann Froud
Overview of the service	Care Purbeck Domiciliary Care Service provides support and personal care to adults who live in their own homes in the Swanage area.
Type of service	Domiciliary care service
Regulated activity	Personal care

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'.

	Page
<hr/>	
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	6
<hr/>	
Our judgements for each standard inspected:	
Respecting and involving people who use services	7
Care and welfare of people who use services	9
Safeguarding people who use services from abuse	11
Requirements relating to workers	13
Assessing and monitoring the quality of service provision	14
<hr/>	
About CQC Inspections	16
<hr/>	
How we define our judgements	17
<hr/>	
Glossary of terms we use in this report	19
<hr/>	
Contact us	21

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 1 August 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

A single inspector carried out the inspection of Care Purbeck domiciliary care agency. At the inspection we spoke with the registered manager and care assistants. We also spoke with four people who used the service and observed how staff interacted with people. We looked at people's assessments and support plans and their daily records. We also looked at staff recruitment and training records.

We also used this inspection to answer our five key questions; is the service safe, effective, caring, responsive and well-led?

Below is a summary of what we found. However if you want to see the evidence that supports our summary please read the full report.

Is the service safe

The provider had a policies and procedures that explained how to identify and report safeguarding concerns. We looked at safeguarding concerns raised with the local authority and evidenced that staff had following the procedures. We spoke to people who used the service and they told us that they felt the provider delivered care in a safe manner and identified safeguarding concerns on their behalf. People told us that they could tell the provider if a care assistant was not providing safe care or was unkind to them and that they felt it would be taken seriously.

The provider showed us safeguarding concerns they had identified for people who used the service and the referrals they had made to the local authority safeguarding team. We evidenced that the referrals had been made in a timely manner and any actions needed to reduce the risk of harm and been put into place. The provider had also attended safeguarding meetings with the local authority to discuss concerns for the people they cared for.

The provider had undertaken a service risk assessment. We looked at the assessment and saw that the provider was doing their utmost to safeguard people in emergency

situations; for example staff shortages. There were also emergency plans and actions for care assistants to follow if they identified an emergency for an individual they cared for.

Is the service effective

People who used the service told us their care needs were being met and that they were included in assessments and reviews. We saw care plans were regularly reviewed and this included discussions with relatives, general practitioners, social workers and district nurses. The care plans included information about people's health conditions and wishes in respect of how their care was delivered.

We saw from the care records we looked at people's care plans were amended should their needs change. We also saw that relatives of people who used the service had been informed about any new needs the provider had identified. The provider told us that they reassessed people regularly to ensure that the care they provided enabled people to stay in their own home for as long as possible. A person who used the service told us "it's only down to the good quality care that I receive that I and my partner are still living in our own home."

Is the service caring

At our inspection we spent time observing the staff and their interactions with people who used the service and saw them talking respectfully, calmly and sensitively to the people they cared for. Care staff told us that the people they cared for can become very confused and distressed and so it is important to speak calmly and to be patient in their approach. We observed staff giving people one to one attention and giving them the time to make choices about their care. A person who used the service told us "the carers are wonderful, they really care about me, and the manager is very caring and supportive."

Is the service responsive

In the records we looked at we saw that care plans reflected people's individual needs and had been updated every six months and in some cases sooner if new risks or needs had been identified. This meant that the provider was responding to any new needs that people who used the service presented with.

We saw the provider had a complaints policy and information had been given to people who used the service. We spoke with people who used the service and they told us they knew how to make a complaint and it would be taken seriously.

Is the service well led

The provider had a system for on-going monitoring of the service that Care Purbeck provided. The outcome of audits and actions required to improve the service were discussed with care staff. The staff we spoke with talked to us about the outcome of audits and actions and new systems implemented to improve the quality of the service.

The provider supported staff to undertake national qualifications. Staff induction and on-going training was delivered by the provider and also in conjunction with another local provider and the local authority. Staff told us that the registered manager was very supportive and provided all of the necessary training and support to ensure that they met the needs of people who used the service.

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

People who used the service told us that they were encouraged to express their views and were involved in making decisions about their care and treatment. Care plans had been developed for each individual and we saw examples of comprehensive person centred support plans. The plans documented people's wishes and preferences in relation to how their care was provided, how they liked to spend their time and how they preferred to be cared for. The plans, including risk assessments, were developed and regularly reviewed in consultation with the individual and their relative. The plans we looked at confirmed that this was the case. All of the care plans we saw had been signed by their individual or relative.

During our visits to people who used the service we saw that people were being spoken to and supported in a sensitive, respectful and professional manner. The people we spoke with told us that the manager and care assistants were respectful towards them. One person told us "the carers respect my decisions and only do what I ask them to." A friend of a person who used the service told us "the carers are very considerate and really do listen to my friend."

In the care plans we looked at we saw that people were supported in promoting their independence and community involvement. For example, activities that people could do for themselves for included in the care plan and the care arrangements were made to fit around community activities that people enjoyed such as shopping and outings out with family and friends. We spoke with care staff who told us that they promoted people's independence as much as possible. A staff member told us "we understand that the people we care for wish to stay in their own home for as long as they are able too and so we encourage them to be as independent as possible."

People's diversity, values and human rights were respected. People who used the service told us that staff treated them sensitively when providing them with personal care. People told us that staff always asked them what care they wanted assistance with and respected their decision if they chose not to accept the care. A friend of a person who used the

service told us "my friend can be very confused when the carers come to visit and will decline care sometimes but the carers take the time to listen and encourage and support them to maintain their safety and welfare."

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 spoke to staff and to people who used the service about the care they received. We also observed how staff interacted with people who used the service. We looked at the care files of eight people who used the service and looked at daily recordings of the care delivered to people in their own home.

The care records we looked at were all up to date; comprehensively completed and reflected the needs of the people who use the service. The plans provided structure and guidance for members of staff to follow. This ensured that staff identified current and on-going care and support needs and that they were being met consistently and safely.

Care plans were completed by the registered manager and there was evidence that multidisciplinary professionals had been consulted including general practitioners and district nurses. We also evidenced that where additional needs had been identified the provider and undertaken a joint assessment with professionals including the person's Community Psychiatric Nurse and Occupational Therapist.

There was evidence within the assessments that people who used the service had contributed to their assessment and that their relatives had attended the assessment and had contributed their views. A person who used the service told us that the assessment had been carried out sensitively and the provider had listened and respected their views on the care they felt they needed.

Assessments were carried out before anyone received care from the agency and the information in the assessments formed the basis for the care plan. Care plans included information about personal care, health needs, risks to self and others and the likes and dislikes of the person. The care plans also included information about safety and welfare, communication needs, cultural and religious beliefs and what activities the person liked to undertake. Each care plan that we saw included a risk assessment that outlined the procedure if the individual became ill or there was an emergency. We saw that care plans were regularly reviewed and this included discussions with people's relative's and other professionals including the person's general practitioners and district nurse.

The registered manager told us that they carry out the initial visits of all new clients to

ensure that they understood how people preferred their care and support to be delivered. The people who used the service told us that they see the same care assistant for most of their visits which meant that they had continuity in their care they received.

There were arrangements in place to deal with unforeseeable events or emergencies. We saw that each person who used the service had an up to date risk assessments that outlined clearly what actions should be taken in an emergency. For example, people who used the service who were prone to wandering had a clear risk assessment and there were plans in place to deal with this. The plans had been agreed with the people's relatives and the staff we spoke with knew what action to take.

We spoke with people who used the service and they told us that the quality of care they received was good. A person who used the service said "the care I receive is second to none; I would recommend the service to anyone." Another person told us "the care I receive is 1st class, I have no complaints."

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 saw that the provider had a policy on safeguarding vulnerable adults that contained a flowchart for staff to follow should they identify a safeguarding concern for a person they cared for. The provider also had a copy of the local authority safeguarding policy and procedure that was accessible to all care staff. The provider may find it useful to note that the copy of the local authority policy and procedure they had was out of date as it had been updated in October 2013.

The provider had a whistleblowing policy and the staff we spoke with were able to explain how they could escalate concerns using the whistleblowing policy. All staff received training on adult safeguarding within their induction. We looked at the training records for all staff and saw that refresher training on safeguarding and the provider's policy was up to date. We spoke with care staff and they were able to explain the provider's policy and identify to us the types of abuse covered within the policy. One worker told us "safeguarding concerns are taken very seriously by all of the care staff." They also told us that any concerns they had raised had been responded to immediately by the registered manager.

The provider supported some people who could decline care or become present with challenging behaviour. We saw that the provider had a policy on managing challenging behaviour. In the care records we looked at we saw that where challenging behaviour had been identified, care plans had been revised and risk assessments had been undertaken.

We spoke with people who used the service and they told us that risk of harm or abuse had been discussed with them when reviews of their care arrangements were undertaken. A friend of a person who used the service told us "the provider genuinely cares for the people they support and I'm confident they respond quickly to any safeguarding concerns raised with them."

We found that the provider had responded appropriately to all allegations of abuse. We looked at a safeguarding concern that the provider had raised recently. We evidenced that the provider had made a written report of the incident and reported it immediately to the local authority. The provider attended meetings with the local authority and multi

agency professionals to discuss the concerns. We looked at the records relating to the incident and found that the provider had taken action to minimise any further distress to the person.

The provider responded to people if they needed help in an emergency. There was an on call policy that explained how staff should respond in an emergency. The policy outlined what staff should do if they could not gain entry to a person's home and what they should do if they identified a safeguarding concern outside of normal working hours. All incidents identified out of normal working hours were recorded on an on call log sheet that detailed the nature of the concern and the action taken. We looked at log sheets and saw that incidences had been appropriately recorded and actions taken to minimise further risks to the person.

We looked at the procedures for managing people's money to ensure that people's finances were safe and the risk of financial abuse minimised. We evidenced that the provider had a policy on handling people's finances. The policy detailed how care staff must always carry a receipt book and record all cash transactions with people who used the service. We looked at people's care records and saw that transactions had been recorded which detailed a breakdown of money spent and receipts for goods purchased.

The provider had recognised the risk of harm to a person they were caring for. The risks to the individual had been discussed and assessed with the person's relative and GP. A detailed risk assessment had been undertaken and was in the person's care records. The risk assessment identified actions to be taken should the person be harmed. We also evidenced that the provider had met with the person's Community Psychiatric Nurse and Occupational Therapist to discuss the risk management plan.

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 evidenced that appropriate checks were carried out before staff began work with Care Purbeck. We looked at the employment records of all 3 of the staff that were employed with the agency. We evidenced that Disclosure and Barring Service (DBS) checks had been completed before the staff began work with the agency. We also saw that the provider had sought two references and in them had specifically asked for evidence of satisfactory conduct in people's previous employment within the care sector. Where the provider had identified any gaps in previous employment that too had been followed up to ensure that staff had not been dismissed from another provider. Photographic identification for all staff were also within their employment records so that the provider knew that the person was who they said they were.

We found that people were cared for by suitably qualified, skilled and experienced staff. Questions about qualifications and skills were asked within the interview process and the provider told us that they asked about training so that they could identify any gaps in a person's knowledge and then ensure that further training was provided to ensure that people were suitably skilled to care for people.

We spoke with staff and they told us that they had received a comprehensive three day induction before being about to carry out care for people. A member of staff told us "the induction I received provided me with all of the knowledge I needed to carry out my role as a care assistant." Staff also told us that they received regular updates on care standards and that any training needs were identified and discussed in staff meetings. We looked at the minutes of the last three staff meetings and saw evidence that staff had discussed their training needs and that that the provider had responded to them.

On the training records we looked at we evidenced that the provider had sought appropriate training and qualifications to ensure that staff had the skills and knowledge required to care for people in the community. Training had been provided on a number of topics including manual handling, dementia awareness, food hygiene and medicine administration. A member of staff told us "we are supported well by the manager to gain additional qualifications including national vocational qualifications."

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

The provider had a Management and Planning Policy that set out the management structure and strategic direction of Care Purbeck. The provider had a business plan that outlined risks to the service including staff shortages, recruitment and retention. This meant that the provider had identified risks to the business and had made appropriate arrangements against business failure.

The staffing hierarchy consists of a registered manager, office administrator and three care assistants. The registered manager or office administrator were on call at all times should a care assistant require support or advice. The provider told us that this helped to maintain standards of care at all times.

In the records we looked at we saw that each person had an assessment of risks in their personal care records. The risk assessments we looked covered all aspects of people's living arrangements including hazards around the individuals home, personal care, use of mobility aids and risk of wandering and becoming lost in the community. All risk assessments were reviewed every six months or more regularly if new risks were identified.

There was evidence that the provider learnt lessons from audits and that appropriate changes had been implemented to improve the service they provided. The provider told us that they carried out spot checks of all of the staff on a monthly basis. The spot checks were undertaken to ensure that care staff were carrying their name badges as to ensure that service users could identify their carer. The spot checks also looked at punctuality, if care was carried out appropriately and whether care staff were promoting independence. We looked at the records of the spot checks and saw that Issues identified from the spot checks were routinely discussed with staff. A staff member told us "the spot checks are effective because the manager sometimes identifies how we can do things better or differently for a person." We looked at the minutes of staff meetings and evidenced that findings from spot checks and recommendations for improvements to the service had been discussed.

The provider told us that they carried out periodic audits of the service to determine if

areas the service they delivered could be improved upon. We looked at an audit of medicine administration carried out in May 2014. The audit had identified that improvements were needed to ensure that medication was administered more safely. In response the provider had implemented a new recording system for staff to use. We spoke with care staff who told us that the outcome of the audit had been discussed with them and that the implementation of the new system had improved the way in which they recorded medicines taken or refused by people who used the service.

The people who used the service, their relatives and staff were asked about their views on the quality of care provided. We looked at the annual survey undertaken in May 2014 and saw that service users and their relatives had rated the service as either good or excellent. In the survey people were asked whether care assistants turned up on time and if they wore their name badge. People were also asked if care staff were polite and professional. Comments from people who used the service and their relatives included, "the care is wonderful", another commented "the carers are always chatty and cheerful." We looked at a compliment that the provider had received recently in which a relative had said "thank you for being so professional, friendly and diligent.

The provider had not received any complaints since their last inspection but told us that they try to make the complaints policy as accessible as possible to people who used the service and their relatives. We looked at the complaints policy and saw that people could make a complaint verbally or in writing and that the registered manager will investigate and respond to all complaints within twenty one days. The policy also stated that the provider would source independent advocacy support for a person should not they require support to make a complaint. We spoke with people who used the service and they told us that they knew about the complaints policy and felt comfortable raising a complaint if they needed to. A person who used the service told us "the manager comes to see us regularly and always asks if we want to raise anything or if there are things the carers can do better." A friend of a person who used the service said "I see the manager regularly and am confident that any complaint I raised would be dealt with."

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.

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

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.
