

Review of compliance

<p>Cornwall Care Limited My Choice</p>	
<p>Region:</p>	<p>South West</p>
<p>Location address:</p>	<p>Unit 7D Indian Queens Trading Estate Warren Road, Indian Queens St Columb Cornwall TR9 6TL</p>
<p>Type of service:</p>	<p>Domiciliary care service Rehabilitation services Supported living service</p>
<p>Date of Publication:</p>	<p>May 2012</p>
<p>Overview of the service:</p>	<p>My Choice provides a range of care and support services to adults who live in their own homes throughout Cornwall. The service provided includes assistance with personal care, domestic tasks and meal preparation. The agency is located in Indian Queens with</p>

	parking immediately outside the office.
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Summary of our findings for the essential standards of quality and safety

Our current overall judgement

**My Choice was not meeting one or more essential standards.
Improvements are needed.**

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 22 March 2012, looked at records of people who use services, talked to staff and talked to people who use services.

What people told us

We visited two people who used the service in their own homes and we spoke with ten people who used the service and / or their relatives, to seek their views of the care they were provided with. We were told that people liked the carers who visited them. Everybody that we spoke with told us that the carers who visited them were kind, polite and helpful.

We asked people who used the service about the reliability and dependability of the care staff who visited them. Most people were satisfied with this aspect of their care, although some people said that on occasions care staff were late for their visits. One person said that the staff phoned if there was to be a delay and another person told us that whenever they were late there was always a very good reason. Everybody we spoke with told us that they all had a care plan in their home and had been involved in the development of this.

What we found about the standards we reviewed and how well My Choice was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

People's views, choices and preferences are taken into account during the provision of a personal care service.

The service provided to people is generally reliable and dependable.

The provider was meeting this standard.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

Care plans and risk assessments inform and direct staff of the action they must take to ensure that the persons individual care needs are met. People who use the service and / or their representative, that we spoke with, were satisfied with the care that they receive.

The provider was meeting this standard.

Outcome 07: People should be protected from abuse and staff should respect their human rights

People who use the service have confidence in the care staff who provide care to them but are not protected by the training provided to staff. The policies and procedures direct staff of the action they must take should they identify any safeguarding issues.

The provider was not meeting this standard. We judged that this had a minor impact on people using the service and action was needed for this essential standard.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

People who use the service do not receive their care from staff who have consistently been provided with relevant and appropriate training.

The provider was not meeting this standard. We judged that this had a moderate impact on people using the service and action was needed for this essential standard.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

My Choice have systems in place to assess the quality of the service provided. However as detailed in this report these systems have not identified where the service needs improvement for example, safeguarding and training of staff.

The provider was not meeting this standard. We judged that this had a minor impact on people using the service and action was needed for this essential standard.

Actions we have asked the service to take

We have asked the provider to send us a report within 14 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any

action we have taken.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

We visited two people who used the service in their own homes and we spoke with ten people who used the service and / or their relatives, to seek their views of the service. We were told that people liked the carers who visited them and made the following comments:

'The staff are all lovely people and and they are very helpful',

'I know everybody that comes to me, sometimes they might bring a new member of staff but anybody new always comes here with someone I know'

'I always know who is coming as I get a rota that shows the staff visits each week',
'they would do anything they could to help me',

One person told us that staff always offered them a choice regarding the care that was to be provided and encouraged their independence.

Everybody that we spoke with told us that the carers who visited them were kind,

We asked people who used the service about the reliability and dependability of the care staff who visited them. Most people were satisfied with this aspect of their care.

We were told:

'sometimes they are a little late as they don't get enough time to travel about',

'they are good time keepers, they ring on the odd occasion they might be late but this is very rare',

'they are very good time keepers, they never exceed their 15 minute leeway of the visit'
'they always stay the full time of the visit and if they have finished all that needs doing, we have a chat'

'if there is ever a delay there is always a very good reason so I do not mind'

One person added that the carers were seldom on time, they were often fifteen minutes late but this was not a problem for them.

Other evidence

We looked at the care plans for five people who used the service. We were able to see that information was provided by the department of adult social care, when appropriate, regarding peoples care needs. The agency also completed an assessment of the care needs of each individual, prior to commencing a personal care service.

All of the care plans inspected showed people's preferences and choices regarding their personal care needs. Three of the care plans guided staff on how to promote privacy and dignity for the person for example, where the person would like the personal care carried out. Visit records evidenced that staff provide care in accordance with the person's preferences and written care plans, We also saw that some care plans identified the persons preference regarding male or female carers. One person we spoke with confirmed that this was accurate information.

The persons preferred form of address was generally recorded within the care plan documentation.

We saw evidence to show that the person who used the service or their representative had been included in the development of the care plans.

The visit records were detailed, informative and evidenced the arrival and departure time of the carer. We were able to see evidence within the visit records of how the care staff involved the person using the service and how their views were taken into account. The visit records we saw showed that most people received a reliable and dependable service. One person's visit records evidenced that their morning visit had varied by two hours over the course of four days. We saw that their time of visit varied from 10.30 a.m, 08.50 a.m, 07.55 and 10.35 a.m. The records for other people showed that their visit times were reliable.

Visit records were not consistently returned to the office for safekeeping on a regular basis. Some people had not had visit records returned since October and December 2011. We discussed this with the registered manager of the service.

Our judgement

People's views, choices and preferences are taken into account during the provision of a personal care service.

The service provided to people is generally reliable and dependable.

The provider was meeting this standard.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

The registered manager arranged for us to be given the telephone numbers of a people who used the service. They also arranged with people for us to visit people in their own homes.

We spoke on the telephone to a further ten people who use the service. They told us that they all had a care plan in their home and had been involved in the development of this. Three people said that a member of the care staff had sat with them and discussed their care needs and how the agency could and would support them. They also told us that the staff made records at each visit.

Everybody that we spoke with told us that the carers provided good care to them and they were satisfied with the service.

Comments made by people who use the service included:

'My relative receives brilliant care, the carers are very good at their job',

'they know what is in my care plan and always ask me if there is anything else that I need',

"they are really very good carers'.

Other evidence

During this inspection we looked at the care plan documentation for five people who used the service. This documentation included care plans, care needs and risk assessments and visit records.

We saw that the care needs of people were assessed prior to the delivery of the service, with written evidence completed by the department of adult social care and My Choice.

We were able to see the care plan for all five people whose records we looked at. The care plans seen directed and informed staff of the action they must take to meet the assessed personal care needs of people who use the service and included the person's preferences, choices and how their independence was to be promoted.

The care plans provided clear information on the support people required with their medication and other health related tasks for example the application of creams. We saw information that told staff which cream to apply and where to apply it.

The care plans showed evidence of the person and or their representative's involvement in the planning of their care.

Risk assessments that were in place provided information to staff on how to reduce the risk from external and personal hazards. One risk assessment did not identify who was responsible for the servicing and maintenance of equipment that staff were required to use to assist with the person's mobility. This does not ensure that the equipment was safe to use. We discussed this with the registered manager.

We were able to see visit records in the individual files of people who use the service. Records were not consistently returned to the office on a regular basis for safekeeping. One person had visit records from January 2012 stored in their file. Two people did not have any visit records stored in their file since October and December 2011. This does not ensure that the records are returned for safekeeping or audited by the registered provider. The visit records recorded in detail the personal care provided as well as any health or wellbeing issues and action taken. Visit records we looked at were dated and signed by the member of staff and included the care provided during the visit.

Our judgement

Care plans and risk assessments inform and direct staff of the action they must take to ensure that the persons individual care needs are met. People who use the service and / or their representative, that we spoke with, were satisfied with the care that they receive.

The provider was meeting this standard.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

There are minor concerns with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

We spoke with ten people who use the service to seek their views of the service. People told us that they felt the individual carers provided good care to them. They said that staff were polite, kind and helpful.

Other evidence

We looked at the policies and procedures that the agency had in place to direct staff in the action they would take should they identify any possible safeguarding issues. The policy and procedure refers to the local multi agency safeguarding procedures that staff must follow and was last reviewed in December 2011.

Further policies and procedures were available regarding whistle blowing, mental capacity act and child protection.

The care needs assessment tool used referred to deprivations of liberties and provided a prompt for staff who conducted the assessment.

Staff were provided with information within the staff handbook on the Cornwall Council's alerter guide and the contact numbers should they need to report any safeguarding issues.

We were told by the registered manager that staff were provided with safeguarding training during the initial two and half days of induction training and again within the common induction foundation standards training. However, a recent training audit showed that not all staff had completed the common induction foundation standards within the companies own timescales. Induction training had been booked for a number of staff.

Staff that we spoke with during the inspection told us that they had completed safeguarding training within their induction. However, one member of staff told us that they had not received their induction training although had been working with the service for eight months. The training audit we were provided with showed that a number of staff were yet to complete their full induction training.

We received a notification prior to the inspection from the registered manager that had identified a possible safeguarding issue. From this notification we recognised that one member of staff had not followed the correct reporting procedure. We discussed this with the registered manager and at the inspection were able to see that this issue had been addressed appropriately.

We were able to see from the agencies records that two other safeguarding alerts had been made appropriately to external agencies.

The registered manager was clear about their safeguarding responsibilities and the actions they had to take.

Our judgement

People who use the service have confidence in the care staff who provide care to them but are not protected by the training provided to staff. The policies and procedures direct staff of the action they must take should they identify any safeguarding issues.

The provider was not meeting this standard. We judged that this had a minor impact on people using the service and action was needed for this essential standard.

Outcome 14: Supporting staff

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

There are moderate concerns with Outcome 14: Supporting staff

Our findings

What people who use the service experienced and told us

People we spoke with during this inspection were satisfied with the care staff who visited them. One person said 'they are all very good and skilled at what they do'. A relative of a person who used the service told us that they thought the carers were excellent and provided good care for their relative. They compared the staff of this agency to previous care services they had received and said that the staff from My Choice provided better care.

Other evidence

We looked at the training records for staff and were also provided with a training audit that gave an overview of the training provided to staff. This audit was conducted in January 2012.

We were told that the training audit takes place every three months and is used to identify any issues and action taken to address the issues.

The audit showed that there were gaps in the training programme where staff needed to complete training. We were told that this was because the My Choice staff trainer had been on extended leave for a period of time and also that the agency had expanded in size meaning that new staff had been appointed. Areas where training had not been provided or updated included safeguarding, medication, food hygiene, first aid, infection control and health and safety.

The induction training records showed that induction included an initial two and a half days with a further ongoing induction training workbook which together covered safeguarding, moving and handling philosophy of care (known as LARK training), equality and diversity, mental capacity act training, deprivation of liberty, dignity and

dementia care. We were told by the registered manager that the induction training programme is currently being reviewed by the organisation.

Staff that we spoke with during this inspection were positive about the training they had received. We were told that their induction training had included risk assessment, whistle blowing, safeguarding and health and safety and was provided within the first six months of employment. They also said that care staff are paid for eight hours per year to read the policy and procedure documentation. The staff told us that some training was provided by in house trainers and the organisations own training department and training materials whilst external trainers were also used. We were told that the medication training had been provided by Boots the chemist and is a one day course that is beneficial to all staff.

We received concerns from one member of staff prior to this inspection in that they had not been provided with their induction although they had been working with the organisation for approximately eight months. We were also told that they had not received medication or other health related training but were asked to provide support with people's medication and health related tasks. We referred these issues to the provider to investigate and assurances were given and evidence provided to demonstrate that these concerns regarding the training have been addressed.

We saw records that showed staff have been provided with appropriate supervision. Staff told us that they had received formal supervision on a regular basis and their supervisor had observed their care practices when they were with a person who used the service. They also told us that the registered manager and team leaders were approachable and that they can call into the office at any time for help or support. We spoke with two team leaders who told us that they provided supervision for thirteen members of staff and held regular staff meetings with them.

We were told that staff meetings take place in small groups where staff work together in teams. We were told that these are helpful and address any issues in the team.

Our judgement

People who use the service do not receive their care from staff who have consistently been provided with relevant and appropriate training.

The provider was not meeting this standard. We judged that this had a moderate impact on people using the service and action was needed for this essential standard.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

There are minor concerns with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

We spoke with ten people who use the service to seek their views of the service. We were told that people were satisfied with the care provided to them by the care staff. One person and their relative told us that they regularly see the team leader who always asks them if they are satisfied with their service and the action care staff take.

Other evidence

We saw that the agency had a complaints process that identified any complaints made and the action taken to address the complaint. The complaints log did not provide full information on the action that had been taken to resolve one person's complaint. We raised this with the registered manager and following the inspection we received detailed information of the action that had been taken by the team leader to investigate and address the issue.

We saw that compliments and plaudits had been made by people who used the service and / or their representatives. These were held by the agency.

The views of people who used the service were regularly sought by the agency as they had provided quality monitoring postcards for people to complete. There were four different cards, each with five questions about an area of their care service. The completed cards were held by the agency and we were able to review these. All of the cards we saw were positive with the exception of one. Comments included "they are all very good and will do anything asked of them", "the Bodmin team are brilliant", "very cheerful willing staff" and "I could not wish for better". The one negative comment we saw was regarding staff training.

The outcomes of the quality surveys were provided to head office. The process was currently being reviewed by head office, with the aim to publish these outcomes on the Internet.

A staff survey was undertaken during 2011, to which 175 staff responded. The outcome of the survey was audited and showed that positive responses were mainly received. The registered provider told us that action had been taken to address issues that were raised and gave us some examples of these. Two areas that staff thought needed to be addressed were regarding staffing numbers and staff rotas.

We looked at the accident records and saw that detailed records are made of any accidents. The registered manager told us that the accident records are reviewed by head office, audited and discussed during a meeting that is held every three months.

A member of staff from head office visited the agency to conduct quality reviews regularly. These reviews included care planning documentation, accident reports and complaints.

The deputy manager is responsible for auditing the quality of the visit records that staff completed on each visit to the person who used the service.

The regular training monitoring and audit had identified that there were gaps in the training provided to some staff. The registered manager was in the process of addressing this issue when we carried out our inspection.

Our judgement

My Choice have systems in place to assess the quality of the service provided. However as detailed in this report these systems have not identified where the service needs improvement for example, safeguarding and training of staff.

The provider was not meeting this standard. We judged that this had a minor impact on people using the service and action was needed for this essential standard.

Action we have asked the provider to take

Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

Regulated activity	Regulation	Outcome
Personal care	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 07: Safeguarding people who use services from abuse
	Why we have concerns: People who use the service have confidence in the care staff who provide care to them but are not protected by the training provided to staff. The policies and procedures direct staff of the action they must take should they identify any safeguarding issues.	
Personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 16: Assessing and monitoring the quality of service provision
	Why we have concerns: My Choice have systems in place to assess the quality of the service provided. However as detailed in this report these systems have not identified where the service needs improvement for example, safeguarding and training of staff.	

The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

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

The provider's report should be sent to us within 14 days of the date that the final review of compliance report is sent to them.

CQC should be informed in writing when these improvement actions are complete.

Compliance actions

The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

Regulated activity	Regulation	Outcome
Personal care	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 14: Supporting staff
	<p>How the regulation is not being met: People who use the service do not receive their care from staff who have consistently been provided with relevant and appropriate training.</p>	

The provider must send CQC a report that says what action they are going to take to achieve compliance with these essential standards.

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

The provider's report should be sent to us within 14 days of the date that the final review of compliance report is sent to them.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

CQC should be informed in writing when these compliance actions are complete.

What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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