

Review of compliance

<p>Penwith Respite Care Ltd PRC Outreach Services</p>	
<p>Region:</p>	<p>South West</p>
<p>Location address:</p>	<p>40 Polweath Road Treneere Penzance Cornwall TR18 3PN</p>
<p>Type of service:</p>	<p>Domiciliary care service Supported living service</p>
<p>Date of Publication:</p>	<p>August 2012</p>
<p>Overview of the service:</p>	<p>PRC Outreach Services is a domiciliary care agency providing a range of care and support services to adults who live in their own homes.</p>

Summary of our findings for the essential standards of quality and safety

Our current overall judgement

PRC Outreach Services was not meeting one or more essential standards. Action is 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 7 August 2012, talked to staff and talked to people who use services.

What people told us

We reviewed all the information we hold about this provider, carried out a visit on 7 August 2012, talked with people who used services, talked with staff and looked at records of people who used services.

People told us that the staff that visit them were usually good timekeepers, that it was usually the same carers, and they were positive about the carers themselves saying that they had no complaint about them as individuals or the care provided. They said that they had confidence in the agency, and without exception, all the comments received were positive.

What we found about the standards we reviewed and how well PRC Outreach Services 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

The provider was compliant with this standard. The service provided was reliable and dependable and ensured the dignity, privacy and independence of the people that used the service.

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

The provider was compliant with this standard. People experienced effective, safe and appropriate care and support, but care plans did not always give sufficient direction to

staff.

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

The provider was compliant with this standard. The provider ensured that people who used the service were safeguarded from abuse.

Outcome 11: People should be safe from harm from unsafe or unsuitable equipment

The provider was not compliant with this standard. The provider did not protect people by monitoring the maintenance of equipment used.

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

The provider was not compliant with this standard. The provider did not have satisfactory systems in place to ensure staff received appropriate training, and supervision.

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

The provider was not compliant with this standard. The provider did not have an effective system to regularly assess and monitor the quality of service that people received.

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. We will check to make sure that this action has been taken.

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.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that 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.

A moderate impact means that 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.

A major impact means that 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.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

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 spoke with three people who used the service to seek their views of the service. Comments received included: "They're [staff] all lovely", "I wouldn't know what to do without them" and "nothing but kindness shown to us". Everyone we spoke to was complimentary of the staff.

Comments seen on the most recent quality assurance questionnaire included: "one can't improve on perfection", superb service" and "more than exceeded expectations".

Other evidence

We looked at the care plans for three people who used the service. We saw that information was not always provided by Social Services or other purchasing agencies, when appropriate, regarding peoples care needs. The provider might like to note that the care plans seen did not provide sufficient detail to direct staff, tending to assume the reader had prior knowledge of the person. This level of information is important to help to ensure a consistency of care provision. For example, one care plan seen said the individual needed assistance with swimming, but did not explain what that assistance entailed. The manager and team leader were able to describe what this meant when asked, but this instruction had not transferred to the individuals care plan.

The care plans inspected showed peoples' preferences and choices regarding their personal care needs. The persons preferred form of address was recorded within the care plan documentation. The provider might like to note that the care plans we saw were not signed by the person or their representative, to indicate they had participated in determining their care or in the review of their care.

Comments received showed that the service was usually reliable and dependable, with visit time variations being within acceptable parameters for people using the service.

Records that showed that telephone calls from people that used the service were responded to were not seen, and the manager confirmed that a record of this type was not used.

Our judgement

The provider was compliant with this standard. The service provided was reliable and dependable and ensured the dignity, privacy and independence of the people that used the service.

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

We spoke with three people who use the service to seek their views of the service. Everyone we spoke to said that their carers always stayed for the full amount of time they were meant to stay. Specific comments made regarding the carers and the care that they provide included:

- "Always on time, and usually the same carers"
- "They're lovely"
- "Fantastic, more than pleased"
- "Nothing but kindness shown to us"

One person said that care staff were sometimes late for visits, but that they always phoned ahead or sent a text if this was going to happen.

Other evidence

During the inspection we looked at the documentation, including care plans, risk assessments and visit records for three people who used the service. We saw that the care needs of people were assessed prior to the delivery of the service, with written evidence completed by Social Services and Live Life Care Ltd. One file we saw did not contain this information.

As mentioned in outcome one of this report we saw that the care plans did not always give sufficient direction to staff, and this meant that there was a potential increased risk that the care provided may not meet the needs of the individual.

Care records were consistently returned to the office from people's homes on a regular basis for safekeeping. The service used carbon copy duplicate books to record the care provided. Where care was delivered in the individuals home the book was kept there, with the tear out copy returned to the office. Sometimes the care was provided in the community, in which case the individual was given the tear out copy and the service retained the book.

The visit records did not include times of arrival and departure at appointments, but these were supported by weekly timesheets which did. These were submitted to the office every week and the manager cross referenced the visit records with the timesheet submitted. The timesheets also included travel time between appointments. Times of arrival were seen to be largely consistent and reliable. The agency anticipated the installation of a new electronic 'log-in system' in the very near future.

Risk assessments were in place in the files seen. Risk assessments included potential hazards posed by the environment the care staff were visiting.

Our judgement

The provider was compliant with this standard. People experienced effective, safe and appropriate care and support, but care plans did not always give sufficient direction to staff.

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

The provider is compliant 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 people who used the service to seek their views. People were, without exception, complimentary of the staff, and they said that they had confidence in them and the agency. People said they were confident that the staff, and the agency as a whole, would respond appropriately to any concerns.

Other evidence

We discussed safeguarding with the registered manager, including the multi-agency procedures in place in Cornwall. These multi-agency procedures ensure that people are safeguarded and that all suspected safeguarding issues must be reported to the Department of Adult Care services prior to any investigation taking place internally.

Staff confirmed that training provision was ongoing. One staff member told us they had completed safeguarding training with a previous employer and thought they would be doing this again soon. One staff member said they had started the in-house safeguarding training, and another said that they had not long completed this training. The manager confirmed that safeguarding training, mental capacity act training, deprivation of liberty training, and equality and diversity training was available to staff. The provider might like to note that we did not ascertain how many staff had had safeguarding training as this information was not readily available without examining each staff file. The manager confirmed that the staff training records were not monitored to identify gaps in training and to ensure training needs were met.

The three staff we spoke with were confident they would report any perceived abuse to

the agency, but the provider might like to note that not all were clear about what would then happen or the role of other agencies, such as Social Services. One of the three staff we contacted was confident about who to contact. There was a relevant safeguarding policy and procedure available to staff.

We were told that staff used laminated photo badges with expiry dates so that people could be confident of the care workers' identity.

The provider might like to note that a record of complaints received, that showed people were able to, and did, express any concerns or complaints was not available.

The agency did not manage anyone's income or benefits.

Our judgement

The provider was compliant with this standard. The provider ensured that people who used the service were safeguarded from abuse.

Outcome 11: Safety, availability and suitability of equipment

What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

- * Are not at risk of harm from unsafe or unsuitable equipment (medical and non-medical equipment, furnishings or fittings).
- * Benefit from equipment that is comfortable and meets their needs.

What we found

Our judgement

The provider is non-compliant with Outcome 11: Safety, availability and suitability of equipment. We have judged that this has a minor impact on people who use the service.

Our findings

What people who use the service experienced and told us

The people we spoke with did not comment on the equipment available.

Other evidence

Equipment used was provided in people's own private home and was supplied by health agencies or purchased privately. We did discuss how the agency ensured the safety of its care workers and clients by monitoring the maintenance of equipment used. At the time of the inspection there was no system in place and staff were not required to record that they had checked the equipment before each use.

Our judgement

The provider was not compliant with this standard. The provider did not protect people by monitoring the maintenance of equipment used.

Outcome 14: Supporting workers

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

The provider is non-compliant with Outcome 14: Supporting workers. We have judged that this has a minor impact on people who use the service.

Our findings

What people who use the service experienced and told us

We spoke with people who use the service to seek their views of the service. We did not receive any comments specific to the training provided or staff supervision, but comments about staff were, without exception, positive.

Other evidence

We looked at the training folders of two of the 12 staff employed. Information was provided to staff regarding their role and the policies and procedures of the agency.

We saw that certificates were held on file to evidence training completed, though the manager said that this was not consistently done. It was not possible to ascertain the training undertaken by any individual member of staff without looking through each individual file. There was no system in use for monitoring training and identifying training needs.

The staff we spoke to said that they had completed training since starting work at the agency, and all said they had had induction training. An induction is an essential process that all staff should undertake when joining an organisation. An induction welcomes new staff to the ethos of an organisation. It ensures that staff feel confident and equipped with the necessary information about the organisation, and enables staff to have a clear understanding of policy and procedures. We saw that the home had a system in place for the induction of new staff. The manager told us that the induction incorporated the Common Induction Standards (CIS). The CIS is a national tool used to enable care workers to demonstrate high quality care in a health and social care setting. Staff comments included: "it is a great place to work" and "I absolutely love it

here".

Supervision is a vital tool used between an employer and an employee to capture working practices. It is an opportunity to discuss ongoing training and development. The manager confirmed that staff supervision was not used, and only one supervision record was seen on a staff personnel file. One member of staff told us that they had received regular three monthly supervision, but two others said they had not had any supervision.

Our judgement

The provider was not compliant with this standard. The provider did not have satisfactory systems in place to ensure staff received appropriate training, and supervision.

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

The provider is non-compliant with Outcome 16: Assessing and monitoring the quality of service provision. We have judged that this has a minor impact on people who use the service.

Our findings

What people who use the service experienced and told us

We spoke with people who use the service to seek their views of the service. Comments received were all positive. We did not hear a concern expressed from anyone we spoke with. People told us that the communication with the agency was good, and that they would feel comfortable about making suggestions or stating any concerns.

Other evidence

Systems that were in place to measure and improve service quality were not satisfactory, and did not provide assurance that the service complied with the regulations.

We saw that the agency had a current insurance policy.

The agency did not ensure the safety of its care workers and clients by monitoring the maintenance of equipment used.

Quality assurance monitoring questionnaires were used in February 2012. The results had yet to be collated and shared with the staff and everyone using the service.

We did not see a complaints record, which showed when comments had been received from people using the service, and how the agency responded or how improvements were made.

Training needs were not monitored, and staff were not supervised.

Our judgement

The provider was not compliant with this standard. The provider did not have an effective system to regularly assess and monitor the quality of service that people received.

Action we have asked the provider to take

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 16 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 11: Safety, availability and suitability of equipment
	<p>How the regulation is not being met: The provider was not compliant with this standard. The provider did not protect people by monitoring the maintenance of equipment used.</p>	
Personal care	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 14: Supporting workers
	<p>How the regulation is not being met: The provider was not compliant with this standard. The provider did not have satisfactory systems in place to ensure staff received appropriate training, and supervision.</p>	
Personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 16: Assessing and monitoring the quality of service provision
	<p>How the regulation is not being met: The provider was not compliant with this standard. The provider did not have an effective system to regularly assess and monitor the quality of service that people received.</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.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. 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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