

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

Bodmin Internal Homecare Agency

Priory House, Priory Road, Bodmin, PL31 2AD

Date of Inspection: 09 December 2013

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

Consent to care and treatment	✓ 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

Details about this location

Registered Provider	Cornwall Council
Registered Manager	Mrs. Sarah Louise Wickett
Overview of the service	Bodmin Internal Homecare Agency provides a short term enablement service following discharge from hospital or when people are in a crisis situation at their own home. People know the agency under the name of the STEP service.
Type of service	Domiciliary care service
Regulated activity	Personal care

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced 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 9 December 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We spoke with one or more advocates for people who use services, 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

We spoke with the manager, two team leaders, six other members of staff and people who used the service. The people we spoke to gave very positive feedback. One person said "The carers are all lovely, I couldn't have wished for better". All people who used the service had clear assessments of their care needs and planned strategies were in place to meet them. Individuals care plans were reviewed regularly.

We saw written evidence of a robust staff selection process and training program for existing and any new member of staff.

Staff worked at the pace of each individual and encouraged their independence within the range of people's disabilities. Individuals were given choices about their care and how they achieved their goals. People who used the service appeared to be relaxed and happy.

Staff were aware of safeguarding vulnerable adults and recognised signs of abuse and knew how to report and escalate concerns. People told us they felt safe in their homes and were gaining confidence in their abilities.

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

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We saw written evidence that achievable goals had been agreed with individuals at the point of referral to the STEPS team. Care plans had been written with the help of multidisciplinary agencies and assessors with involvement and consent from people who used the service. These care plans had been reviewed weekly with the persons allocated team leader with consent gained for any changes made. This showed a good level of a person's involvement in their individualistic care package from the start.

Care plans were viewed and were noted to be both accurately and effectively signed and dated by staff. All staff were noted to have attended mandatory training in care planning. The manager showed us how all care plan reviews were entered on a monthly return database for purpose of service care and provision audit.

The people who used the service were also given the opportunity to take part in a performance review survey at the end of their initial six weeks of care. The responses were observed and showed very positive feedback with more than 60% of people who used the service responding. Alterations to care provision had been made using this feedback. This proved the service takes the opinions of the people very seriously and amends both care and the services as a result.

We observed a problem with incorrect usage of equipment being discussed at a home visit. The staff member gave reassurance and rectified the situation in a timely, caring and professional fashion whilst promoting the individuals independence. A person told us "I can't wait for them to visit they are such lovely girls. I lost a bit of my confidence whilst I was in hospital. The girls encourage me but in the end I am gaining confidence to do things my way they listen to me and respect my wishes".

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

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. The agency offices had an emergency plan for the building. We observed a variety of fire safety equipment throughout. There was a manned visitor and personnel sign in reception with security door to offices to ensure safety of staff and help protect confidential documentation.

We observed the use of a staff's electronic call monitoring system. This enabled tracking of staff who informed the office on arrival and departure from home visits. This system helped to ensure the safety of loan working staff and helped ensure people were receiving timely care by monitoring call times. The system had been audited throughout the pilot and deemed effective enough to be rolled out to six other districts within Cornwall Council (CC). We heard one person say "Hurry up and ring them to tell them you're here then we can have a nice cup of tea". All staff seen where correctly attired in corporate CC uniforms with current identification badges for ease of peoples recognition.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. These were written and agreed with the person at point of referral from the early intervention team to the short term enablement service STEP. We saw evidence that all care plans were updated weekly by a team leader and completed daily with care staff. We saw written evidence of minor grievance's being documented and dealt with, with positive outcomes. As a result people using the service were allocated a maximum of three carers for the duration of their care. This helped to promote better continuity and people's satisfaction. We spoke to a cross section of people who used the service who told us "They are lovely they couldn't have treated me better I can do much more for myself now and I'm managing" another person told us "I couldn't have wished for better".

The manager informed us that daily call times, provision for care and performance figures, are added to the CC data base and turned into a performance report. These are sent to the CC performance manager and discussed at monthly management meetings for continuous service audit. The manager stated "We are all so passionate about providing the best quality of care possible for our service users and by constant audit we can help to

achieve this. 75% of all our service users do not require any further intervention after their initial six weeks care with our service".

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

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

We spoke with staff who were aware of the actions they would take if they saw any person behaving in a way that would present a risk to himself/herself or others. We saw documented evidence on the Cornwall Council's (CC) training data base that all staff had received mandatory training in safeguarding. We also spoke with the services own in house staff member who had trained as a safeguarding advocate. The advocate told us they were happy and able to offer first point of contact for any concerns raised.

We observed staff talking to people in a friendly, unhurried fashion allowing for two way interaction. People were seen to be enjoying conversations with staff and taking part in decision making. We also observed staff respecting people's needs and wishes.

The service manager told us "We never have any involvement with people's personal finances". One person who used the service told us "I feel happy and safe in my own home knowing that they are coming to visit me. I am regaining my confidence now and know I will be able to live on my own when they have gone".

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 discussed the staff recruiting process with the manager, who informed us that although she was completely aware of and had received training in the selection process she had not yet personally been involved in this. This was due to excellent staff retention and the last recruitment process had taken place more than two years ago.

All new staff were selected by using the Cornwall Council (CC) corporate recruitment policy. We were shown the policy which appeared to be a very robust recruitment process. Staff selection interview questions were read and we found were appropriate to positions advertised.

All short listed candidates' certificates were visualised and checked by the manager then double checked by CC. This double checking was to ensure the correct procedures were being followed and helped to ensure people who used the services welfare by not employing people with bogus certificates. A current Disclosure and Barring Service (DBS) check and two references were obtained prior to an offer of employment being made.

All staff training updates were shown by the manager on the computer system. We saw that all staff had completed their training this year in all training deemed essential by CC for their particular role.

New staff members were subject to a six month probation period, with checks at three months and five months, with feedback being obtained from the mentor, other staff and people who used the service as to their suitability for a substantive post. All staff were then monitored indefinitely.

We spoke to a number of staff members who had been employed for up to 15 years. They told us that there had been recent redundancies within the service and they had seen many colleagues lose their jobs. This had unsettled them as a team as they all felt passionately about the service they provide. One staff member told us "I think we are the elite service within Cornwall and I am proud to put on my uniform".

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.

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