

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

## Penzance Internal Homecare Agency

Roscadghill Parc, Heamoor, Penzance, TR18  
3QQ

Date of Inspection: 10 December 2013

Date of Publication: January  
2014

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

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

## Details about this location

Registered Provider	Cornwall Council
Registered Manager	Ms. Claire Woolcock
Overview of the service	<p>Penzance Internal Homecare Service is operated by Cornwall Council. The service known as the Short Term Enablement and Planning Service (STEPS) provides support to people in their own home for six weeks, if people have longer term needs they will refer the person to another team after the six weeks. The service works with the NHS, other agencies and people using the service to avoid unnecessary admission to hospital and inappropriate placement on leaving hospital.</p>
Type of service	Domiciliary care service
Regulated activity	Personal care

## Contents

*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/>	
<b>Summary of this inspection:</b>	
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	5
<hr/>	
<b>Our judgements for each standard inspected:</b>	
Consent to care and treatment	6
Care and welfare of people who use services	8
Cooperating with other providers	10
Supporting workers	12
Assessing and monitoring the quality of service provision	14
<hr/>	
<b>About CQC Inspections</b>	15
<hr/>	
<b>How we define our judgements</b>	16
<hr/>	
<b>Glossary of terms we use in this report</b>	18
<hr/>	
<b>Contact us</b>	20

## 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 10 December 2013, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with carers and / or family members, talked with staff and reviewed information given to us by the provider.

---

### What people told us and what we found

---

We spoke with five people who used the service or their relatives by telephone during the inspection. The people we spoke with were highly complementary of the care and support they had received from Penzance Internal Homecare Agency. Comments included, "splendid, absolutely splendid", "very good" and "absolutely wonderful". We also spoke with three members of staff who all told us they enjoyed their work, comments included "I love it, I love the contact with people" and "I do like the STEPS work".

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

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

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

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](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

### Consent to care and treatment

✓ Met this standard

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

---

### 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 spoke with five people who used the service or their relatives about how they consented to the care provided by Penzance Internal Homecare Agency. People told us, "everything is talked through and explained", "if I want them to do something, I just ask and they do it" and "the first thing they do when they arrive is ask how you have been and check what you want them to do".

We reviewed care plans for eight people who had received care and support from Penzance Internal Homecare Agency. We found that as part of the initial assessment process a team leader had met with the person in need of care, in their own home to discuss their requirements for care. We saw during the initial assessment process individualised goals were established and agreed for both the overall package of support and each individual care intervention.

Goals within the care plans we reviewed included "X wishes to be independent with mobility and carrying items around the house including walking up and down stairs by the end of the STEPS intervention" and "X stated that after being home for two or three weeks she is hoping to be able to manage her own care and meals, which she was doing prior to going into hospital."

We inspected the care records of four people whose records had been returned to the office at the end of their period of support. We found each care plan had been signed by the person who used the service to record their consent to the care as described within the care plan. The daily records of care we inspected included a number of occasions where people who used the service had declined care or support, each event was well documented. Staff we spoke with explained that their role was to encourage and prompt people to complete tasks independently while not pushing people to do things they did not wish to.

We saw the care plans had been reviewed regularly. Records demonstrated team leaders

had met with the person who used the service on a weekly basis to review progress and discuss possible changes to care plans. People who used the service told us they had a good understanding of the STEPS team's role and their care plans were regularly reviewed. Comment included "team leaders come round regularly, I had one here this morning, we spoke about the care plan and what happens next" and "I have team leaders come round twice already, they check I am happy and that everything is OK."

We found that the staff hand book included clear guidance to staff on the importance of gaining informed consent prior to the provision of care. The services policies accurately reflected the requirements of the Mental Capacity Act and records showed all staff had received specific training about this Act. The MCA provides a legal framework that protects people who lack the mental capacity to make decisions about their life 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 with five people who used the service or their relatives by telephone during the inspection. The people we spoke with were highly complementary of the care and support they had received from Penzance Internal Homecare Agency. Comments included, "splendid, absolutely splendid", "very good" and "absolutely wonderful".

During the inspection we reviewed the care plans of eight people who used the service. Care plans are essential to plan and review the specific care needs of a person. They are a tool used to inform and direct staff about a person and their individual care needs.

We found the care plans used by Penzance Internal Homecare Agency were based on information provided by Cornwall Adult Care Health and Wellbeing. Each week a team leader met with the person who used the service to review their care needs and progress towards agreed goals. The care plans were not updated as a result of these reviews but additional notes were added to the care record. This meant staff had to refer to both the original care plan and all review records to fully understand the person's needs. One of the staff we spoke with told us this issue had been discussed during a recent team meeting. Team leaders had agreed to introduce a cover sheet recording the dates of completed reviews so staff would be able to quickly locate the current information within peoples care plans.

We found the care plans were detailed, informative and included sufficient information to effectively direct and inform staff as to the needs of each person who used the service. For each care intervention a clear goal had been developed and staff were provided with clear instructions to support and encourage individuals to become as independent as possible. Examples of this included "support and encourage X to undertake .....assist only as required to complete all tasks" and "supervise and give verbal prompting to encourage X to prepare her breakfast, support if needed".

Risk assessments are a tool to identify any hazards and the action that staff must take to reduce the risk from the hazard. We found the care plans included detailed risk assessments, where risks were identified staff were provided with clear guidance on the actions necessary to reduce the level of each identified risk.

We inspected the daily records within four care plans that had been returned to the office recently. The records were detailed and included information in relation to the support provided, the person's mood, activities they had engaged with and progress towards agreed goals. These records had been signed by care staff and recorded the time of their arrival and departure.

The service used an electronic call monitoring system to monitor the timings of care visits. This system recorded that most care visits occurred as scheduled and there were effective procedures in place to ensure that care visits were not missed. We found that staff were given sufficient time to travel between care locations. However the opinions of people who used the service in relation to the timing of care visits were divided. Three people told us their carers arrived on time and "I've never had to wait for them". Two people told us the timing of care visits was variable, one person said "the target is 09:00 and their times vary between 08:00 and 09:40".

**People should get safe and coordinated care when they move between different services**

---

**Our judgement**

---

The provider was meeting this standard.

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

---

**Reasons for our judgement**

---

Penzance Internal Homecare Agency was designed to work cooperatively with other health care providers to reduce hospital admissions by providing people with up to six weeks of care and support. The service aims to re-enable people to live independently in their own homes.

We saw that team leaders routinely contacted agencies that referred people to the service to discuss the individuals care needs and confirm that they were suitable for re-enablement support prior to completing assessment visits. The agency's office was co-located with staff from Cornwall Adult Care, Health and Wellbeing and had access to Cornwall Councils electronic care planning system.

Within the care documentation we reviewed we found numerous examples of Penzance Internal Homecare agency working effectively with other health organisations. We saw examples where both physiotherapists and occupational therapists had been involved in care plan reviews. In one care plan an occupational therapist had provided an exercise regime and the daily care records showed that care staff had supported the individual to complete the specified activities.

We found within daily records evidence that demonstrated staff had supported people to arrange their own medical appointments and access services from other professionals including GP's, community matrons and social workers.

We saw joint assessment visits had been completed at the end of support periods with other professionals to review the individuals progress and develop plans for subsequent support packages.

We saw that Penzance Internal Homecare Agency had appropriate emergency contingency plans including an adverse weather procedure. The care needs of each person were reviewed each week and a prioritised list of care visits produced for use during periods of disruption as a result of adverse weather or other events. The registered manager told us that during previous periods of adverse weather they had worked with

Cornwall 4x4 Volunteers and other agencies to ensure that care staff could reach individuals in need of care

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

---

## **Our judgement**

---

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

---

## **Reasons for our judgement**

---

We spoke with five people who used the service or their relatives. Everyone we spoke with commented positively about the staff supplied by Penzance Internal Homecare Agency. Comments included, "lovely ladies they are good, there is no doubt about that", "I have nothing but praise for them" and "they are always cheerful and helpful". The three staff we spoke with told us they enjoyed their work, comments included "I love it, I love the contact with people" and "I do like the STEPS work".

We saw there was a structured eight week induction process available for new members of staff. The induction included; classroom learning, shadowing of experienced members of staff, online training and a review of the services policies and procedures. The registered manager explained that staff were expected to complete training materials in line with the common induction standards (CIS) during the first three months of their probationary period. The CIS is a national tool used to enable care workers to demonstrate high quality care in a health and social care setting. Records showed staff were subjected to a six month probationary period and a formal probationary review meeting was held to review the progress staff had made at the end of the probationary period.

Supervision is a vital tool used between an employer and an employee to capture working practices. It is an opportunity to discuss on-going training and development. In each of the three staff files we inspected we saw that regular supervision meetings had occurred. Supervision meetings consisted of both observation during care visits and one to one meetings with team leaders in the office. We saw there was system of annual staff performance appraisal in place and documents within the staff files reviewed showed that mid-year reviews had been recently completed.

We spoke with three staff during our inspection who told us they felt supported and had received regular supervision from team leaders, comments included "I know I can ring the office at any time for support", "my call overran the other day, I phoned the office and they arranged for someone else to cover my next visit" and "if you need any help the team leaders are always there".

Regular monthly staff meetings were held and the minutes of these meeting were supplied to any staff who were unable to attend in order to keep them updated with any changes within the service.

Staff told us they had received regular training in a variety of subjects and all three staff we spoke with confirmed they had completed recent training in both the safeguarding of vulnerable adults and manual handling techniques. However this information had not been accurately recorded on the services training matrix. A training matrix is a tool used to monitor the training provided and the training needs of a group of staff. The provider may wish to note that the training matrix was out of date and did not accurately record details of training courses staff had completed. One member of staff told us they had recently completed a two week stroke course which was "excellent".

We found that all staff employed by the service had been issued with a uniform and photographic identification badge that staff were required to wear at all times. This ID badge had an expiry date and allowed people who used the service to confirm the identity of care staff, if they were not known to them, on arrival.

## 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 appropriate systems in place to gain feedback from people who used the service. At the end of the six weeks of care visits each person who used the service was asked to complete a survey. The results of these surveys were analysed each month and reported to managers and staff. Everyone who had completed the survey in November 2013 reported that they were satisfied with the quality of care and support received and indicated they were able to do more things for themselves as a result of the STEPS intervention.

Respondents to the survey were encouraged to provide comments on the service they had received, most comments received were highly complimentary including "The personnel employed by STEPS have all been extremely helpful, friendly and encouraging to me. I am forever grateful for their help and assistance. They are a wonderful team." and "I am very happy with STEPS as I have said before they are a staff to be proud of".

One person had commented negatively about the variability of visit times. Records showed these comments had been investigated, discussed during management meetings and appropriate actions taken to ensure the issue did not re-occur.

We saw that care plans and daily records had been regularly reviewed by team leaders and people's progress towards agreed goals had been documented within daily records.

All of the service's policy documentation had been regularly reviewed and update to ensure they accurately reflected current procedures and changes to best practice. We saw targets had been set within the services Quality Assurance Framework and detailed analysis of the services performance against these targets had been completed. This framework included minimum requirements for the number of re-ablement plans to be audited by the manager each month.

We saw there was an electronic system available for the recording of accidents and subsequent investigations. We reviewed the services records of accidents and near misses and found accidents had been appropriately recorded and investigated.

## 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](mailto:enquiries@ccq.org.uk)

---

---

Write to us  
at: Care Quality Commission  
Citygate  
Gallowgate  
Newcastle upon Tyne  
NE1 4PA

---

---

Website: [www.cqc.org.uk](http://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.

---