Inspection Report

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

St Austell Internal Homecare Agency

Penwinnick House, Trewhiddle Road, St Austell, PL25 5BZ

Tel: 03001234131

Date of Inspection: 23 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
Safety, availability and suitability of equipment	✓ Met this standard
Supporting workers	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Cornwall Council
Registered Manager	Ms. Madeleine Jane Blight
Overview of the service	The St Austell Internal Homecare Agency provides a short term enablement planning service, for up to six weeks, known as 'STEPS', for people requiring short term care and support. The team, which is based in two rooms on the first floor of Penwinnick House, a council run building, receives its referrals from the early intervention service (EIS) and provides a service to people who live in the area of St Austell. The service currently employs 30 care workers, five team leaders and one area manager.
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'.

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 23 December 2013, talked with people who use the service and talked with carers and / or family members. We talked with staff.

What people told us and what we found

Prior to this inspection we asked the area manager to provide us with a list of people who were receiving a service from the STEPS team so that we may contact them to seek their views and experiences of the service. We spoke to eight people and their comments were positive for example, "really good caring staff" and "a fantastic service". As part of the inspection, we spent timeat the office of the STEPS team, and we spoke with the area manager, and spoke with five staff.

Our inspection found, before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. However, documented evidence of this was not always seen in the office files we reviewed.

We found people received care that had been assessed, planned and delivered in line with their individual care plan. However, we did not see evidence of some risk assessments in the office files we reviewed.

People were protected from the risks associated with equipment as the provider had suitable arrangements in place.

We found people were cared for by staff who were properly supported and trained to deliver care safely and to an appropriate standard.

We saw any comments and complaints made were responded to appropriately and in accordance with the complaints policy and procedure.

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 spoke witheight people who received a service from the STEPS team. They told us "the staff are very kind and caring, and "always ask my permission before carrying out any care tasks" and "the visits are usually on time".

We asked people if the visits they received were at the time of their choosing. We were told "I am not going anywhere so it doesn't matter to me when they come" and "I would have liked it a bit later, to get ready for bed. 3pm was a bit early, but I soon became able to do it for myself so was able to cancel the call as I was independent".

We reviewed four care files for people currently using the service. Only one contained a signed document consenting to the service being provided for up to six weeks. We discussed this with the area manager who told us the other signed consents were probably in the person's home in their files.

We reviewed the care files for seven people who had been discharged from the service and whose records had been returned to the office. All except one contained signed evidence of consent.

The service provided by STEPS was a rehabilitation and enablement service, and required the person to be able to follow care workers and therapist's instructions and be able to recall and practice exercises and tasks. This meant that the service rarely provided a service to people suffering from dementia which affected their ability to remember such guidance. We were told by the area manager, where a person was temporarily unable to consent to care, due to short term illness, the person's family/representatives would be invited to be involved in the care planning process and agree to the plan on the person's behalf. 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.

In the four care plans we reviewed we saw evidence of people's wishes and preferences clearly detailed in their individualised care records. For example, if someone had a preferred name that they wished to be called was documented.

Care and welfare of people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People's care needs were assessed, care and treatment was planned and delivered in line with their individual care plan.

Reasons for our judgement

During our inspection at the STEPS office we reviewed four care files and found a programme of care was provided that supported individuals and their relatives to work towards the re-ablement goals agreed and set between the service user and healthcare professionals. If staff had any concerns about the person's health/social care needs they were able to refer the matter promptly to their team leader to be followed up with the early intervention service.

We spoke with the area manager, five staff and eight people who received a service from the STEPS team. The staff told us "we are given enough time to do what we need to do" and "we are a good team, we work together". People who used the service told us "they (staff) always have time to have a chat" and "they (staff) are never rushed, they do what they need to do before they go". All the people we spoke with, who received a service, told us they felt their needs had been met and in some cases their expectations exceeded in terms of what they had been supported to achieve.

The STEPS team used a computer based programme to monitor the time care workers arrived and left people's home. We checked to see if the care worker's visit times matched the allocated time on the person's care plan. The times mostly matched. We were told by the area manager, people frequently required longer periods spent with them at the beginning of their support, and then required less time towards the end of their period of re-ablement, so overall "it balanced out".
The provider had a process for needs assessment, care planning and risk management which was completed prior to a service being offered, and included the development of interim care plans which were finalised when the first care call had been completed. Care plans we reviewed were sufficiently detailed to direct and inform staff about how care was to be provided. The preferences and dislikes of each person were clearly seen in the care files along with their past medical and social history. We saw evidence of regular reviews of care plans to ensure the care provided took account of any changes that had occurred.

Risk assessments are a tool to identify hazards and the action that staff must take to reduce the risk from the hazard. The provider might like to note copies of relevant risk assessments, relating to people who were receiving a service, were not held in the

person's file at the office. This meant that team leaders and out of hours managers may not be aware of specific risks for both staff and people who received a service.

Safety, availability and suitability of equipment ✓ Met this standard

People should be safe from harm from unsafe or unsuitable equipment

Our judgement

The provider was meeting this standard.

People were protected from the risks associated with equipment as the provider had suitable arrangements in place.

Reasons for our judgement

We spoke with the area manager, five staff in order to reach our judgement on this outcome. Staff told us they were provided with the necessary equipment for them to be able to carry out their roles. For example, personal protective equipment (PPE) such as gloves, aprons and hand gel.

We were told by staff that currently no-one required a hoist to assist care staff to move them in their own homes. However, a variety of other equipment such as stand-aids, stair lifts, walking aids, handling belts and electric beds were used. The area manager told us all equipment was checked and service dates noted at the initial assessment visit when it was made by the EIS or a team leader. We were told, sometimes at weekends and evenings, care workers may be first to visit the person's home in order to commence the care and support in a timely fashion, and so the equipment may require an initial assessment by the care worker.

Staff told us, in order to support people effectively and safely, they were able to access urgent short notice equipment for people in their own homes from a variety of local storage resources, following an assessment and liaison with the EIS team.

Staff we spoke with were clear about the action they should take in the event of any fault or concern regarding such equipment. Staff told us they would report any concerns regarding any equipment directly to the team leader. Some told us about their experiences in contacting the EIS to report a concern which was then replaced, or repaired, quickly to allow the person to continue with their rehabilitation effectively. Staff told us they had received training in moving and handling and the use of equipment. We were able to confirm this when we reviewed the training matrix held on computer at the office. A training matrix is a tool used to monitor the training provided and the training needs of a group of staff.

We were told by the area manager that medical device alerts received by the service which related to a specific piece of equipment used by the staff, would be passed via email to the team for information. All care workers carried mobile devices which enabled them to read emails while out of the office.

Supporting workers ✓ Met this standard

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 properly supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

We spoke with five staff regarding the support they received from their managers. They told us "our manager is very approachable and always gives you the time you need, even at short notice" and "we have regular supervision in people's homes, they don't tell us they are coming they just turn up, it is good it keeps you on your toes". Staff reported having regular one to one meetings with their team leader in the office to discuss any client issues or training requirements.

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. We saw a matrix was kept on computer clearly showing when operational supervision, or office based supervision had been carried out for staff. The area manager told us supervision was provided 10times a year for each worker. Staff also had an annual appraisal which took the form of a Performance Development System (PDS), when staff had a planning meeting, a mid-year review and the end of year appraisal.

We were told STEPS workers had recently been provided with mobile devices so that they could access emails and were able to keep in contact with the office when they were out in the community and in people's homes. This equipment had posed some challenges for some staff but all reported having been provided with sufficient training and support to enable them to use the device, although "there have been teething troubles". All staff reported being able to access any support they may require at any time from their team leaders and management.

We saw evidence of the Common Induction Standards (CIS) training in use for all newly employed staff. The CIS is a national tool used to enable care workers to demonstrate high quality care in a health and social care setting.

We spoke with one of the more recently employed care workers who told us they had undergone an induction programme followed by a period of shadowing an experienced member of staff. During this induction they had completed a programme of mandatory training courses including Moving and Handling, Safeguarding Adults and the Mental Capacity Act 2005. A thorough induction welcomes new staff to the ethos of an

organisation. It ensures staff feel confident and are equipped with the necessary information about the organisation, and enables staff to have a clear understanding of policy and procedures.

Staff told us they attended staff meetings. We were told staff meetings occurred every two weeks and covered issues that were pertinent to service users, always including health and safety, service updates and equipment issues.

From the training matrix we were able to see which training staff had undergone. Courses were indicated as "required" or "desirable" depending on the role and responsibilities of the staff member. The provider might like to note although we saw long standing staff had attended most of the mandatory subjects in the past, not all staff had attended updates as required. For example, some staff had not refreshed their knowledge of the Mental Capacity Act 2005 and safeguarding adults.

Complaints ✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

We spoke with the area manager, five staff and eight people who used the service. People told us they felt confident they would know how to raise a concern should they need to do so.

A copy of the complaints procedure was given to all people who used the service and their representatives and was included in the Service User Guide. This outlined the action people could take should they wish to raise a concern, and included the contact details of the Cornwall Council, the Care Quality Commission and the Local Ombudsman. People we spoke with who used the service confirmed to us they had a copy of the Service User Guide in their care file.

We were told there had been one concern raised recently. We were shown the details of this concern which related to a missed visit. We saw it had been responded to appropriately and action had been taken to address the cause of the concern to prevent any potential recurrence.

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

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