

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

Falcare

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

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

Safeguarding people who use services from abuse ✗ Action needed

Requirements relating to workers ✓ Met this standard

Supporting workers ✓ Met this standard

Assessing and monitoring the quality of service provision ✓ Met this standard

Records ✗ Action needed

Details about this location

Registered Provider	Falcare CIC Ltd
Overview of the service	Falcare is a domiciliary care agency providing personal care and support services to adults who live in their own homes. The agency office is located in Falmouth, Cornwall.
Type of services	Domiciliary care service Supported living 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 19 June 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

We spoke with six people who used the service or their representative, talked with three members of staff and the manager and looked at records of people who used the service.

People told us they got the same carers and they arrived on time. People said they liked the staff, one person said "They know me well". A parent we contacted said they were "Satisfied that X is receiving a good standard of care and more importantly X appears to be happy with the support"

The systems in place to protect people from financial abuse were not robust.

We found staff had started to receive appropriate training and regular supervision. Staff felt supported. One person told us "I can talk to any of the managers about anything".

Systems were in place to monitor the quality of the service.

Records were not always in place or accurate.

You can see our judgements on the front page of this report.

What we have told the provider to do

We have asked the provider to send us a report by 13 August 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external

appeal processes. We will publish a further report on any action we take.

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

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 experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

We spoke with six people who used the service or their representative to seek their views of the service received. Comments made included "They are always on time", "They are an absolute godsend" and "Everything's hunky dory". Everyone we spoke with was happy with the care provided by the staff and the agency. Our judgement of compliance is dependent on people's comments about the service they received as it was not possible to directly observe the care provided.

At the previous inspection we identified a breach of regulation regarding this outcome, and we issued a compliance action. At the time we were concerned the level of information and detail contained in care plans was insufficient. Care plans were not signed or dated and did not show people had been involved in the planning of their care. 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. Since our previous inspection the manager had started to update the care plans. Staff told us they were able to contribute to the process. We saw that 12 out of 17 care plans had been updated. The provider might like to note in one persons' new care plan we saw not all the information had been transferred across. Therefore relevant information regarding how to support the person may not have been available to care workers. We discussed this with the manager who told us they would amend the care plan accordingly.

We saw some care plans contained risk assessments including, for example, infection control, moving and handling and the environment. The provider might like to note many of the risk assessments were generic and lacked detail regarding the individual. We saw in one persons' care plan they needed extra support when in the community as their behaviour could be perceived as inappropriate. There was no accompanying risk assessment or advice for support staff on how to manage the risk. One member of staff said they did not look at the risk assessments and another said they were not always relevant to the person they were supporting.

People told us they knew where their care plan was and that they or their representative had been involved in the development of it. We saw the updated care plans had been signed by the person or their representative. Staff we spoke with told us the new care plans were useful. One said when they worked with someone they had not supported before they were able to refer to the care plan to find out more about the person.

The manager and people we spoke with told us the same support workers worked with the same people. We confirmed this when we looked at the staff duty rotas. This ensured there was consistency of care for people from staff who knew them well.

People told us staff were on time and stayed for the full amount of allotted time although the provider might like to note daily records did not consistently record the times of staff departure after visits. We spoke with one person who told us that there was flexibility within their arrangements and staff would shift their visit time to one that was more convenient if they had specific appointments. We were able to confirm this by referring to the daily records.

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

Our judgement

The provider was not meeting this standard.

People who use the service were not protected from the risk of abuse, because the provider had not taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

At the previous inspection we identified a breach of regulation regarding this outcome, and we issued a compliance action. At the time we were concerned staff had not received safeguarding training and the training matrix was not up to date. The training matrix is a tool used to monitor training needs and training provision across an organisation or group of staff. The manager told us that since our last inspection most of the staff had received training in safeguarding vulnerable adults and the remainder were booked in to do so. We confirmed this by looking at certificates in personnel files and we saw the updated training matrix.

We asked to see the organisations' policy and procedure for handling the money of people who used the service. The document provided did not contain guidance on how to record purchases for people or the storage of receipts. We asked how peoples' money was managed when people were supported to shop. We were told there were guidelines attached to a petty cash book for one person who used the service, but no policy existed. We were told when one person was supported to shop they withdrew money from the cash machine. We did not see any means of checking how many people had access to the individuals' bank card or PIN number. We discussed this with the manager who told us it would be changed if there were several changes in staff. This was not a robust system to protect people from possible financial management issues.

We looked at a further policy entitled Service Users' Holidays. This did not detail how purchases were to be recorded whilst people were being supported on holiday. Although the policy was dated June 2012 it referred to a previous provider as an emergency contact. The named provider ceased to own Falcare in 2008. This showed the update and review of policies was not adequate.

We saw in one person's care plan medication was being given to them covertly, that is to say it was crushed and hidden in food. We saw a letter from the GP to say that they were "happy for this to continue". However there was no recorded best interest meeting to

authorise this and when we discussed it with the manager they confirmed there had been no formal process undertaken and that they would investigate arranging a best interest meeting regarding this issue in the near future.

The manager told us, and we saw that, staff carried photo identity cards with them with 'valid from' and 'valid to' dates so people could be confident of the care workers identity when they came to support them.

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

During our last inspection we saw Falcare did not operate a consistently effective recruitment procedure in order to ensure that the people they employed were of good character, suitably qualified, skilled and experienced and we issued a compliance action.

We looked at documentation relating to the recruitment of two members of care staff who had commenced employment with the organisation since the previous inspection. We saw references had been taken up for both and other supporting documentation such as Disclosure and Barring checks and employment history were in place. Records of interview were contained in the files.

The provider might like to note that one new member of staff had been employed for three months, but there was no photograph on record to confirm their identity prior to employment.

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

On our last inspection we noted regular staff supervision was not taking place. 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. Since the last inspection the manager had put a supervision programme into place, which meant staff would receive supervision every other month. We saw supervision records confirmed this had started to occur. We saw evidence of planning for future supervision sessions. Staff we spoke with told us they found these useful. One person said "You can put your point across".

On our last inspection we saw staff training was not regularly updated and that the training matrix was not being used effectively. Since then the manager had arranged for an induction programme for both new and existing staff. 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. Induction training is an essential process that all staff should undertake when joining an organisation. The manager told us the programme was based on 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. We saw from the programme the induction would cover areas such as Emergency First Aid at Work, the Mental Capacity Act, Deprivation of Liberty, Equality and Diversity and Person Centred Planning. The training matrix had been reviewed to ensure training needs could be monitored effectively. Staff we spoke with told us they felt they had enough training to do their job effectively. One person said that since the last inspection "It's all going into place now".

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

At the previous inspection we identified a breach of regulation regarding this outcome, and we issued a compliance action. At the time we were concerned there were no satisfactory systems in place to monitor the quality of service people received.

The manager told us they had recently carried out a survey, which had been sent to staff, people who used the service, families, representatives and directors of Falcare. We saw some surveys had been returned. At the time of our inspection no analysis of the results had been done. The manager told us this was on-going.

Staff meetings were being held bi-monthly and we saw minutes of the last two meetings to verify this. After our visit we spoke with staff on the telephone who told us they found the meetings on the whole useful, although the provider might like to note one person said whilst they were given the opportunity to raise concerns these were not always acted upon.

People who used the service told us they would speak to the manager if they wanted to make a complaint. Staff said they felt the manager was approachable.

The service adhered to an adequate recruitment procedure in order to ensure that the people they employed were of good character, suitably qualified, skilled and experienced.

We looked at Falcare's policies and procedures including their Safeguarding Adults and Prevention of Abuse and Whistleblowing policies. The safeguarding policy outlined local procedures to be used if suspected abuse needed to be reported to the local authority. The file was available to staff at all times either in the office or in the persons' home. The manager told us, and we saw, when staff had read policies they were required to sign and date documentation to confirm they had read and understood them.

Policies were up to date and regularly reviewed although, as previously noted this was not always thorough. The provider might like to note that in order for policies to remain current it is imperative that reviews are thorough and the changes made are understood by the

staff.

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was not meeting this standard.

People were not protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were not maintained.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

At the previous inspection we identified a breach of regulation regarding this outcome, and we issued a compliance action. At the time we were concerned records were not sufficiently detailed.

We saw care plans had been updated and improved although the provider might like to note some care plans and risk assessments were still insufficiently detailed.

Complete recruitment records for new staff members employed since our last inspection were in place.

At our last inspection we saw daily records were kept in peoples' homes and were not routinely returned to the office. The system for monitoring daily records was under review at the time of our inspection. The manager told us that duplicate books would be used so that copies of records could be kept in the office.

Policies and procedures were dated to indicate they had been kept up to date and regularly reviewed. However as previously noted the reviews were not always thorough.

At our last inspection we noted the agency did not maintain a telephone log in order to record any contact from people who used the service or their representatives. This was still the case when we visited and we were not told of any plans to implement such a system. A record of such contacts would help the service to address any concerns about the service and would assist the service to improve the quality of support it delivers.

This section is primarily information for the provider

✘ Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Personal care	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010 Safeguarding people who use services from abuse
	How the regulation was not being met: The provider did not have suitable arrangements in place to ensure that service users were safeguarded against the risk of abuse.
Regulated activity	Regulation
Personal care	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records
	How the regulation was not being met: People were not fully protected from the risks of unsafe or inappropriate care or treatment because accurate and appropriate records were not maintained. Regulation 20 (1)

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 by 13 August 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will

This section is primarily information for the provider

report on our judgements.

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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