

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 to check that action had been taken to meet them. This is what we found:

Safeguarding people who use services from abuse

✓ Met this standard

Records

✓ Met this standard

Details about this location

Registered Provider	Falcare CIC Ltd
Registered Manager	Mrs. Susan Kathleen Miner
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

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
Summary of this inspection:	
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	4
Our judgements for each standard inspected:	
Safeguarding people who use services from abuse	5
Records	6
About CQC Inspections	8
How we define our judgements	9
Glossary of terms we use in this report	11
Contact us	13

Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Falcare had taken action to meet the following essential standards:

- Safeguarding people who use services from abuse
- Records

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 16 October 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

During this inspection visit we looked at the improvements made since our last inspection.

We saw the registered manager had developed a new template for person centred care plans. We saw an example of a new plan; information was clear and directed staff as to the care and support people needed. We saw a new way of writing person centred risk assessments had also been developed which gave staff clear guidance on risks and how to manage them.

Falcare had developed financial policies to ensure peoples' monies were properly handled.

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

Safeguarding people who use services from abuse ✓ Met this standard

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

During our last inspection we were concerned there were no robust systems in place to protect people from the risk of financial abuse and we issued a compliance action. At this visit we saw Falcare had developed new policies and procedures to outline how the organisation would ensure peoples financial affairs were managed. The policies covered day to day management of monies, for example food shopping, the use of PIN numbers and larger expenditures such as holidays.

We spoke with four people who used the service and one relative. People told us they were happy with the support they got when handling money and were confident their money was safe. One person said; "She (the carer), writes it all down and puts a number on every receipt, it helps me remember". We spoke with a member of staff who frequently supported someone whilst shopping; they told us they believed the systems in place were safe.

During our last inspection we were concerned Falcare were not consistently carrying out capacity assessments or best interest meetings when making decisions for people who may have lacked capacity to consent.

We saw staff had since had training in the Mental Capacity Act 2005 and related Deprivation of Liberty Safeguards (DOLS). The Mental Capacity Act and Deprivation Of Liberty Safeguards provide a legal framework that protects people who lack the mental ability to make decisions about their life and welfare.

We saw evidence of capacity assessments and best interest meetings was documented in peoples' files. We saw meetings included advocates and social workers as well as the person concerned and representatives from Falcare. This demonstrated a willingness to work with all stakeholders when assessing peoples' capacity.

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

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

Care plans are essential to plan and review the specific health and social care needs of a person. They are a tool used to inform and direct staff. During our last inspection in June 2013 we saw some care plans and risk assessments were insufficiently detailed.

During this inspection we saw the existing care plans had been updated. They included information about diet, medication, likes and dislikes and other health and social care requirements. The care plans seen contained sufficient detail to direct staff in respect of how people's care and social needs were to be met. They included relevant individual risk assessments. We saw they had been reviewed and updated accordingly.

We spoke with four people who used the service and one relative. Nearly everyone said they were happy with their care plans, one person told us they could not remember if they had one. One person said; "I like it, they help me read it".

The registered manager told us they and the staff team, had received training in person centred planning and person centred risk assessments. As a result of this they had decided to develop new care plans and risk assessments which would be more accessible for the person whose plan it was and would be centred on the support needs of the person. We saw an example of the new care plan and noted it was detailed and informative. It included a breakdown of the person's routines and guidance for staff on how to support people well whilst not undermining their independence and autonomy. Risk assessments provided information to staff on how to reduce the risk from external and personal hazards. Risk assessments were clear and written from the perspective of the person who used the service. Information was well laid out and broken down into clear directives for staff.

We were told the person who used the service or their representatives were included in the development and review of the care plans if possible. We saw an email from relatives which suggested changes to the care plan and saw one of these had been incorporated. The registered manager told us they wanted to discuss the other change with staff supporting the person and the person themselves. This showed us the person was being put at the centre of the planning process.

On a previous inspection we saw daily records were not routinely returned to the office. We saw there was now a system in place to ensure this happened on a weekly basis. The format for daily records had been updated to help guide staff on relevant detail to include. This would ensure the records were informative.

On our previous inspection we saw that telephone calls were not logged. We saw this was now being done. The registered manager told us record keeping systems were being updated to ensure a more cohesive system across all records. We saw a computerised database which had been developed specifically for Falcare. This meant all records were kept in one place and could be cross referenced. Records were password protected to ensure people's private information was secure. The registered manager told us the security system would be "layered" so staff were only able to access records which were relevant to them.

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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