

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

PRC Outreach Services

40 Polweath Road, Treneere, Penzance, TR18
3PN

Tel: 01736360039

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29 October 2013

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

Respecting and involving people who use services ✓ Met this standard

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

Requirements relating to workers ✓ Met this standard

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

Records ✓ Met this standard

Details about this location

Registered Provider	Penwith Respite Care Ltd
Registered Manager	Mrs. Christine Doyle
Overview of the service	PRC Outreach Services is a domiciliary care agency providing personal care and support services to adults who live in their own homes.
Type of services	Domiciliary care service Supported living service
Regulated activity	Personal care

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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'.

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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 unannounced 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 29 October 2013 and 31 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

We spoke with six people and/or their representatives who received care from PRC Outreach Services. People told us they were happy with the care provided by the agency. They said the agency were consistent with which staff they sent to provide care staff were generally good timekeepers and were kind and respectful in the way they provided care. One person told us, "They are brilliant."

People told us and we saw evidence that pre-care assessments including risk assessments of peoples' needs were provided to ensure the agency could deliver the required level of care. The care plans we reviewed were sufficiently detailed to direct and inform staff about how care was to be provided. We saw evidence of regular reviews of care plans to ensure the care provided took account of any changes that had occurred.

PRC Outreach Services had an effective and robust system in place to ensure the necessary checks were completed before a person was employed by the company.

The registered manager ensured people received a high standard of care by asking people about the service and also assisting with supporting people in their own homes.

Documents were kept securely and in line with legislation. The care plans had been reformatted to ensure all the information was accurate and any risks were identified.

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

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

During the inspection we spoke with the registered manager, deputy manager and one relative who was visiting the office. We also contacted five people who used the service and/or their representative after the inspection. People were complimentary about the agency and all of the staff who supported them. People told us staff were, "very nice" and "very helpful". One person remarked the staff that provided care and support to them "go out of their way to help".

People told us they understood the care and support choices available to them within PRC Outreach Services, and some accessed other community services supported by PRC Outreach Services. We saw evidence that individual care assessments were made prior to a care package starting with an individual.

We looked at the care plans for five people who used the service. These demonstrated peoples' preferences and choices regarding their personal care needs. People's preferred name was recorded and used consistently throughout daily logs and care reviews. Records recorded family or representative contact details and who to contact in an emergency.

People told us they felt involved in the planning and delivery of their care. One person told us the agency were good at keeping them informed about their family member's care needs. We spoke with the registered manager who told us the care plans were updated when necessary. We saw the care plans had been updated to reflect the changes in a person's needs.

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

People who received care and support from PRC Outreach Services and/or their representatives told us the agency provided high levels of care and support to the people they cared for. One person told us, "I would only leave x with them, they are careful who they send to support x".

People we spoke with told us friendships were built up quickly and where possible time was afforded by carers for chats and more personal approaches. People told us the care staff were understanding and aware of the person's care needs. During our inspection we heard two members of staff express concern over a person who they had supported that morning. The registered manager listened to their concerns and contacted the relevant professionals such as the person's GP and social worker to ensure the person was safe.

Procedures were in place for dealing with emergencies which could affect the provision of services. The agency operated an on-call system and the provider ensured an on-call mobile telephone number was available to everyone who used the service for emergency contact purposes outside of office hours.

Detailed care plans were developed to ensure all care needs for each person were documented and assessed to ensure PRC Outreach Services could meet identified needs. Meetings had taken place regularly to review the person's needs and to ensure their choices and dignity were respected. The service user and/or their representative were invited to attend these multidisciplinary meetings. We saw care plans were reviewed and updated to reflect any changes to care packages.

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 inspection we spoke with the registered manager and two members of staff regarding recruitment. The people who used the service did not comment specifically on this outcome but were complimentary of the staff. One person told us they received "good care, they help me".

The recruitment process that was in place meant the people employed by PRC Outreach Services were of good character and had the required skills and experience.

A new member of staff explained the recruitment process they had been through prior to commencing work at PRC Outreach Services. The agency had ensured they had received the relevant pre-employment checks before the person was allowed to work with the people in their own home.

We reviewed the staff files for four members of staff and saw that each had an application form which listed their previous employment. The agency had gained a criminal record check processed through the Disclosure and Barring Service (DBS) as part of its recruitment process. We saw that the registered manager had gained two references for each person, with one being from the person's last employer. The staff we spoke with told us that they had all completed a number of visits with senior members of the team when they had first started to ensure they understood their job role and for the senior members of staff to assess their competencies and behaviour.

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

During our inspection we spoke with the manager regarding the systems in place to ensure the service was monitored on a regular basis. The registered manager told us that a survey would be sent to everyone who used the service in the same way it had been completed the year before. Further to annual surveys the registered manager told us that due to some of the conditions that people had, this meant their care provided by PRC Outreach Services was reviewed by professionals, such as GP's and social workers, the person and /or their representative. These reviews allowed people to voice any concerns or issues they may have had with the agency.

The registered manager told us on a daily basis they were "on call" and would frequently provide the support themselves to ensure the actual care that was provided reflected the information contained within the care plan.

One person's representative who we spoke with told us that the registered manager dealt with "any concerns appropriately" when they had contacted the office. We reviewed the complaints policy which was sent to people who used the service. The policy was clear and detailed how a complaint would be dealt with and the timescales. The registered manager told us there had been one complaint in the previous year. We saw that this had been thoroughly investigated and documented. No further action had been taken by the complainant and they were happy with the process.

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

During our inspection we spoke with the registered manager and reviewed the records held at the services head office. In the office we saw that confidential information relating to people who were supported by the agency and staff were locked away securely.

We looked at five care plans and found documentation made reference to people's health and social care needs and included documentation relating to associated risks (risk assessments). Care plans are essential to plan and review the specific needs of a person. They are a tool to inform and direct staff about a person and their individual care needs. In particular risk assessments had been completed for areas such as manual handling, which directed staff on any potential risks and how to reduce them.

We reviewed the documentation regarding incidents or accidents. We saw that staff recorded any incidents in which they or a person that used the service had been involved in. The provider might like to note that the information contained within the incident forms was not always transferred to the person's care plan to reduce the risk of it happening again. However we saw that one person's behaviour was carefully monitored to ensure any potential triggers were identified to reduce the person's anxiety.

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

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

Website: www.cqc.org.uk

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