

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

## Culmside Support LLP

Smithincott Farm, Uffculme, Cullompton, EX15  
3DG

Date of Inspection: 25 January 2013

Date of Publication: March  
2013

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

<b>Respecting and involving people who use services</b>	✓	Met this standard
<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Safeguarding people who use services from abuse</b>	✓	Met this standard
<b>Supporting workers</b>	✓	Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓	Met this standard

## Details about this location

Registered Provider	Culmside Support LLP
Registered Manager	Mrs. Claire Lewis
Overview of the service	Culmside Support LLP provides personal care and support to people living in their own homes in Uffculme, Devon.
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'.*

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## Summary of this inspection

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 25 January 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

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### What people told us and what we found

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We carried out this unannounced inspection on 25 January 2013. The agency is a family business and was providing personal care for one person living within a Supported Living environment which was also managed by the directors of the agency as a separate service. We spoke with the provider, one care worker, the person receiving the service and looked at records.

We spoke with the person who used the service. We heard that they felt that the care and support given by the agency was "perfect for them" and met their needs. Comments included "I always know how to get help from someone and they help me properly with my medication, they are great!"

We saw that care and support was well planned, the person receiving the service had lived within the Supported Living setting for some years but had only recently required a personal care service from the agency due to their increased needs. They felt that they had been involved with deciding how their care should be delivered. Where risks were identified, plans were in place to minimise those risks.

We saw that the service had systems in place to support and train staff. These helped to protect people. Staff had training in the protection of vulnerable adults and understood what the processes were for reporting any concerns. This also helped to keep people safe. The provider carried out regular quality assurance visits in an informal way and completed care plan reviews to check that the person was happy with the service.

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

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## More information about the provider

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

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

## Our judgements for each standard inspected

**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

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### Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

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### Reasons for our judgement

People who use the service understood the care and treatment choices available to them. For example, we saw that when someone started with the agency, the provider met with them to discuss in detail what their needs were. The agency only provided personal care for one person at the time of our inspection but may expand in the future. The manager said that if possible family members would be asked to attend to ensure that all aspects of care were covered. At present there were no external advocates available for the one person receiving the service. There had been external health professional/advocates in the past when the person was attending social settings and the provider was considering other opportunities for the person to be linked to another advocate for the near future. We spoke to the person receiving the service and they felt they were fully aware of what their needs were in relation to personal care and these were being met. The service provides a "Service User Guide" and brochure for each person receiving the service in an appropriate format for individuals.

The agency provided prompting with medication only and monitoring of the person's health care needs in relation to medication. The provider had assisted the person to administer medication for short term topical prescriptions for the skin or eyes recently and that they asked the person how they would like them given. Records showed there was a system in place to ensure that the person remembered not to lock their door before the medication had been given in the evening for example. Additionally, the best time for giving the last dose before bed had been discussed with the person.

We saw that regular medication was given at a set time and the person knew when they would be visited. We saw there were laminated sheets showing photographs of who was on duty so they would know which member of staff would be visiting every day in a format that the person could understand. There was a small staff team who had provided supported living services to the person for a long time and who were able to show that they were knowledgeable about the person's needs and preferences as a whole. The provider told us that the person receiving the personal care service would be able to change agencies at any time should they request, for example if they wanted to be cared for by only male staff. The Supported Living service and the care agency were separate

entities which enabled people to have that choice. This is important when the landlord and the agency manage both services as in this case.

There was an agreed system of how staff should enter the person's home and the person knew that staff would ring the doorbell and wait for a reply before entering. We saw this happening. The person's home was within a supported living setting with a direct call system to the office at all times if they needed assistance. The person we spoke with confirmed this and showed us how it worked and told us that they felt confident that they knew what was going on. We were able to speak with the person in private. The person showed us the medication records kept in their home and explained what personal care they received demonstrating that they were fully involved making decisions about it. The provider told us they had spoken with the person about future personal care arrangements should their needs increase to ensure that there was a plan in place involving health professionals.

People were supported in promoting their independence and community involvement. We saw support plans included what people could do for themselves in relation to medication, to alert staff and ensure that peoples' independence was promoted.

People were able to change the times of their visits such as topical medication, for example cream or drops for skin and eyes in line with their prescriptions and add tasks as needed. As the agency was small, people were able to benefit from a flexible service. People we spoke to said that they had no worries at all and one person said they had received nothing but "perfect care".

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

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**Our judgement**

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The provider was meeting this standard.

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

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**Reasons for our judgement**

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People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We saw recorded examples of where an assessment of need had been completed prior to the service starting in relation to medication prompting and administration. This was very detailed and included all aspects of activities of daily living to ensure that peoples' needs had been assessed in full to enable staff to meet them.

Care plans were very detailed about the exact tasks that the person needed support with, such as what help they needed to prepare the medication and any tests that needed doing before the medication was given such as blood tests. For example, records stated "I need you to take my medication out and show me which day it is and wait for my medication to dissolve". We saw tests were recorded in line with advice from the person's GP and medical records. We saw the service was able to recognise when the person required review or further monitoring by health professionals and referrals were made appropriately. For example, a health review by a health professional specialist was due to take place the following week and a GP had been informed about blood test results as the person was unable to do this for themselves due to their health needs. The provider said that they had a good relationship with the local surgery who offered a "same day service" to ensure that medication was always available and ordered on time. This meant that peoples' medication needs could be met at all times

The person told us staff always completed the tasks listed. Comments included "I always know how to get help from someone and they help me properly with my medication, they are great!" The person we spoke with also felt that they could ask for additional assistance and advice if this was necessary and that it was "never any trouble".

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We saw, for example, that risk assessments had been completed in respect of prompting and administering medication. Other risk assessments included pressure sore risk and prevention, trips and falls and communication needs. The risk assessments were regularly reviewed and the provider was about to complete an environment risk assessment so that people and staff were safe during visits.

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

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## **Our judgement**

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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.

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## **Reasons for our judgement**

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There were policies and procedures about safeguarding including a whistleblowing policy. This meant that people who used 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.

The person we spoke with during this inspection said that their views and concerns were listened to and that they felt safe. The service had not had any written complaints and the person we spoke with said that they felt that they could talk about anything with the provider and staff who they had known for some years before they had required of issues to look out for to protect people.

Both had attended county council safeguarding practitioner training and trained all the staff in the small team about how to recognise and report suspected abuse. They also understood the safeguarding process and we saw that both the provider and the care worker had also had safeguarding training that included local policies and contact numbers for reporting and understanding abuse and protecting vulnerable people. This included numbers for local procedures in other county councils as the Supported Living service had contact with them. We saw that safeguarding was also covered in the induction for new staff. This meant that staff had the training and skills to detect potential abuse and their competencies were checked on a regular basis.

Staff were also aware of the Mental Capacity Act 2005 and Deprivation of Liberty guidelines through attending training and understood what this meant for people. This meant that peoples' rights were protected.

The provider said that they were always available via a mobile phone and call bell system and that the staff rota was clear about which staff member was on call. When we spoke to the person receiving the service they said that they could always get hold of someone to help them if they needed assistance. The provider and some of the staff lived on site and were therefore available as well as the on call staff member.

The provider had financial systems in place, which protected people. For example, we looked at an invoice for the person using the service and saw that the information was

clear so that people would be able to know what they were paying for.

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

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## **Our judgement**

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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.

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## **Reasons for our judgement**

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Staff were supported to deliver care and treatment safely. We spoke to the provider and a care worker who told us that they were a close knit small team who met together once a week to ensure that everyone was aware of any issues and knew who was doing what for people using the service. These were recorded so that the provider could ensure that staff knew what their responsibilities were and that peoples' needs were met.

We saw records of one to one staff supervision sessions where staff were able to discuss any concerns or training needs and where the provider could ensure that staff were competent. We looked at training records and the training matrix. All staff had undergone a wide range of relevant training such as safeguarding, Mental Capacity Act and deprivation of liberty, diversity and equality, total communication and person centred care and first aid.

The provider may wish to note that some staff members had not completed safe medication administration training although they did not provide this service very often. The provider said that they would ensure that this was done. Also staff had not had any formal training in the person's medical condition related to current prescription medication. The provider said that they would ask the District Nurse if they could provide this. People could potentially be at risk if not all staff who provide personal care related to medication have not received relevant training to ensure that they know what to do to meet peoples' needs safely.

## 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

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### Our judgement

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The provider was meeting this standard.

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

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### Reasons for our judgement

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People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. We saw that the provider regularly met with the person in their own home for an informal chat about how they were getting on. The person we spoke with said that the agency were very good and checked that they were happy with the service. They said that it was important that they could choose what they wanted to do and staff respected their wishes and helped them maintain their independence.

The provider told us that as a small agency they gained better feedback via less formal meetings. The provider had a quality assurance questionnaire that they had used in the past prior to providing the personal care service as Culmside Support and were planning to use this in the near future with the person receiving personal care and that they were looking at ways to obtain external views from health professionals and advocates. The questionnaire was written in a format that the person would be able to understand and asked a variety of questions about their views on the service. When the person receiving personal care was about to receive a health review the service had visited them to discuss what they might like to ask as a way of supporting them in communicating their needs. This enabled the person to be able to speak fully to someone outside of the service in private.

Decisions about care and treatment were made by the appropriate staff at the appropriate level. The provider regularly helped out with the care and support so they were very informed about people's ongoing needs. This provided them with an opportunity to talk to people about their care. The provider had updated care plans on a monthly basis or sooner if needed in the records we looked at. This meant that any changes to care and support were being monitored and checked.

Any accident or incidents were recorded and kept in a separate file within the agency office. These were reviewed to check for risks and any possible ways of preventing further accidents or incidents occurring. There was also a staff lone working policy which staff told us they had read so that they knew how to contact the provider for assistance and keep themselves and the person safe.

## 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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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**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.

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**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.

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**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

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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

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### Essential standard

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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)

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### Regulated activity

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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