

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

Care Purbeck

160 Kings Road West, Swanage, BH19 1HT

Date of Inspection: 14 February 2013

Date of Publication: May 2013

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 |
| Safeguarding people who use services from abuse | ✓ | Met this standard |
| Supporting workers | ✓ | Met this standard |
| Complaints | ✓ | Met this standard |
| Records | ✗ | Action needed |

Details about this location

| | |
|-------------------------|--|
| Registered Provider | Mrs Clare Elizabeth Ann Froud |
| Overview of the service | Care Purbeck, Swanage is a domiciliary care service that provides personal care to people living in their own homes. |
| 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

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 14 February 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

At this inspection we visited the agency's registered premises and met the registered manager. We spoke with two staff members and spoke with six people on the phone, who received a service from the agency.

Everyone we spoke to was very happy with the service they received. People told us that the staff were kind and helpful. One person told us that they rated the service received for their relative as '100 out of 100'.

Care plans were written in a way that promoted the individual's choice and independence. We found risk assessments missing for two people relating to falls, one swallowing and three medication risk assessments. It would therefore not be possible to ensure the safety and welfare of the people using the service because risks relating to people's care had not been assessed.

People were made aware of the complaints system. People we spoke to knew how to complain. They said that they never had any complaints to make but if they did they would call the registered manager straight away and that it would be dealt with.

Staff received regular professional development. The registered manager had not updated their manual handling training since (2009).

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 24 May 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

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 views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People expressed their views and were involved in making decisions about their care and treatment.

People we spoke with told us that the care workers and registered manager were very caring and treated them with respect. One person told us that the care workers 'have the right attitude'. Another person told us that they had worked together with the provider to facilitate her relative coming home from hospital. They were very grateful for this support.

We were told that the provider came to people's homes to do an assessment of need before they received care. Records of six people were examined and they all had assessments of need carried out before care was provided. We saw evidence that care plans, consent for medication and service agreements were all agreed and signed by the people receiving services or their representative. People told us that the registered manager spent time with them discussing their individual needs.

The registered manager told us that people were sent out questionnaires, to gain their views as part of their quality assurance procedures. People confirmed that they had received forms to complete about the quality of service they received from the agency. We saw three completed questionnaires and they all rated the service very highly.

People told us that they liked the service because they had the same care workers visit them. This provided them with a consistent care approach. The registered manager said that they did not use agency workers that they were always able to cover calls with their own staff.

We saw that people were supplied with a service user guide that contained information about the agency. The registered manager said that they also sent out a newsletter to the people but did not have a copy available to show us.

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

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Care plans contained details of people's diverse needs. We saw that the care plans had been regularly reviewed and updated. People we spoke to said that they received excellent care and were very satisfied. One person said to us 'saves us going to the doctors so much - puts' our minds at rest'. Another person whose relative had received care from the agency said they gave them '100 out of 100'.

Care plans were written in a way that promoted the individual's choice and independence. Each care plan contained outcomes that were important to the person. One care plan said the person wanted 'to retain independence'.

The registered manager told us that it was a small agency and they were able to deliver care in a consistent way to the people to promote continuity of care. People confirmed that they had regular care workers who visited them. The registered manager delivered the majority of the care with two part time care workers. We saw one visit schedule which did not have all the duration of all the calls on the schedule. We did see one call that did have a call duration that did indicate that five minutes of travelling time had been given. The registered manager told us that travelling time was always given so that people received the correct amount of care time. We spoke to two care workers who said that they felt supported in their roles and felt the registered manager would listen to any of their concerns and act upon them.

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

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.

We saw that the agency had the relevant policies and procedures about the protection of vulnerable adults. We were shown the Multi-Agency Safeguarding Adults policy and procedures for Dorset and the providers' safeguarding policy and procedures.

The provider responded appropriately to any allegation of abuse. We spoke to the registered manager and although there had not been any safeguarding notifications they were able to tell us in detail about types of abuse and appropriate actions to take including informing safeguarding and the care quality commission.

We spoke to two staff members they were able to identify types of abuse and if they had any concerns they would report them to their line manager without delay. One care worker told us that if they had any concerns they would 'talk to the registered manager'.

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

We spoke with two care workers and they all were very satisfied with the amount of training that they had received. One person told us that if they had any questions that they 'could clarify them with the registered manager'. We saw certificates of induction training that covered safeguarding, manual handling, dementia care, food hygiene, care of the dying and infection control. The certificates were signed by the registered manager. The registered manager told us that they undertook all of the induction and refresher training themselves. There was also evidence of two records of hoist training by an outside provider provided in December 2012.

Staff were able, from time to time, to obtain further relevant qualifications. There was evidence on one record of the use of a local pharmacy to provide training to the staff. The registered manager said that they do have opportunities for free training from the pharmacy and they would be exploring further opportunities with the local authority.

All the care workers we spoke to told us they felt very supported by their manager. They told us that they met regularly with their line manager for one to one supervision. They said these meetings happened weekly and gave them an opportunity to reflect on their own professional practice and discuss any concerns or training needs they may have. They said the meetings were informal and not documented. The provider may like to note that there these meeting were not documented. This would enable the staff to have a record of the meeting to reflect upon and for appropriate records to be held by the agency. Staff told us that there were regular spot checks on quality of work, time-keeping appearance and communication with people. They were also to check that policies and procedures were being implemented such as infection control, moving and handling and administration of medication.

We looked at the records of two care workers that confirmed what staff had told us.

Care workers told us that they could readily get and advice and support from their line manager. One care worker said that of their line manager 'we are always talking about the people we deliver care to - I don't feel out of my depth on anything'.

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available

Reasons for our judgement

People were made aware of the complaints system. People we spoke to knew how to complain. They said that they never had any complaints to make but if they did they would call the registered manager straight away and that it would be dealt with.

Staff we spoke to all said that they would take complaints seriously. They would gather information and would always report them to the registered manager without delay. They had all been given copies of the complaints policy and procedures to refer to by the registered manager.

We were shown the agencies Complaints policy and procedures. The registered manager told us the process she would follow if a complaint was made, this was in accordance with the policy and procedures for the organisation. The registered manager said that she would report concerns to the local safeguarding team and to the care quality commission.

The registered manager told us that there had not been any complaints to investigate in the three years the agency had traded.

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

Our judgement

The provider was not meeting this standard.

The registered manager could not ensure that the people who use the service were protected against the risk of unsafe or inappropriate care and treatment because there was a lack of information held about the care needs of people who used the service.

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

The registered manager could not ensure that the people who use the service were protected against the risk of unsafe or inappropriate care and treatment because there was a lack of information held about the care needs of people who used the service.

We saw a checklist of identified risks but some risk assessments were missing. The risk assessments were needed to identify how individual risks could be managed. We saw one person's care plan that identified that they were at risk from falls but there was no risk assessment. Another person had difficulties with swallowing but there was no risk assessment. Three had medication administered by staff but there were no risk assessments. It would therefore not be possible to ensure the safety and welfare of the people using the service. The registered manager said that there were missing risk assessments and that these would be written without delay.

We saw two medication administration records (MAR) which had been signed correctly by staff. However the records did not have dosage to be given, the amount of medication received and sent back to the pharmacy, medication was not signed as checked by staff before administering, there was no record of signatures that was needed to identify who had signed the MAR. The welfare and safety of people could therefore not be ensured because information regarding the medication was missing.

Staff told us that they felt confident in supporting to move people safely. Staff told us that they had received training on the use of hoists. We could not see evidence of moving and handling certificates.

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 20 HSCA 2008 (Regulated Activities) Regulations 2010 |
| | Records How the regulation was not being met: The registered manager could not ensure that the people who use the service were protected against the risk of unsafe or inappropriate care and treatment because there was a lack of information held about the care needs of people who used the service. Regulation 20(1)(a) |

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 24 May 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 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 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.

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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