

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

Private Personal Assistance

South Road, Kirkby Stephen, CA17 4SY

Tel: 01768371808

Date of Inspection: 11 April 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
Requirements relating to workers	✗ Action needed
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Mrs Helen Carol Clark
Overview of the service	Private Personal Assistannce is a small domiciliary care agency based in the Market town of Kirkby Stephen. It offers a range of services for people in their own homes. The service provides support with personal care and domestic tasks to help maintain independence for people living in and around the rural areas near to the towns of Penrith and Kendal.
Type of service	Domiciliary care 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 11 April 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

Relatives we spoke with told us they had been involved in the assessment process and that the assessments had been "Very thorough." One relative told us about how committed staff were and still managed to attend on time during recent adverse weather conditions.

People using the agency and their relatives made many positive comments about the service. One relative told us, "They're flexible and fit in with the best times for us and turned up on time." During our visit we observed the flexibility of the service being discussed with a relative. Another person told us "I look forward to them coming. They (the staff) are always cheerful, puts a smile on your face".

Staff we spoke with were able to tell us what they should do if they suspected abuse had occurred or was at risk of happening. Staff also confirmed that they had been trained on this by the provider and understood about whistle blowing on poor practices.

For most people employed there were no records of references from previous employers. If there were any concerns about their character they could not be checked by the agency prior to employment.

We saw appropriate risk assessments had been carried out on potential physical and environmental risks to people using the service. We saw records of staff meetings being held for care staff to meet and discuss the needs of the people using the service, any changes and practice issues.

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 28 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

We spoke with people who received care from the agency, their family members and staff. We asked people for their views about the service and the care and support staff provided. The people we spoke with told us they were "very happy" with the support provided and said the agency provided a "reliable" and "flexible" service. One person we spoke with told us, "It's an excellent service and if I had any concerns they wouldn't be visiting me."

People told us they had been included in agreeing the care to be provided by the agency. We saw people had a copy of their care records in their home, the service user's guide and the complaints policy explaining how to make a complaint.

The records we looked at, held by the service provider and by people in their own homes, included detailed information about the individual, how they should be supported in the home and about the things which were important to them in their lives. However, the assessments and care plans we saw were not consistently signed for by the service user and/or relatives. The provider might wish to note that when completing the plans with people who use the service or their relative a signature can show the plan has been mutually agreed.

Relatives we spoke with told us they had been involved in the assessment process and that the assessments had been "Very thorough." One relative told us about how committed staff were and how they still managed to attend on time during recent adverse weather conditions. People using the service told us that they had been provided with information about the service before they started with them.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We looked at a number of the care plans of people who used the agency. We saw that staff had completed a comprehensive assessment of people's individual needs. The main source of information for these assessments was generally from people who used the service. However if people had difficulty communicating their needs the staff had involved relatives or other people that knew the person well.

People we spoke with, and their relatives, confirmed that an assessment of their needs had been carried out before they had started receiving care from the agency. The information gathered in the assessments was used to create individual care plans for people.

We saw individual risk assessments had been completed that identified risks to people's safety and outlined what to do to minimise the risks. This meant that care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. However, we did not see that individual risk assessments for staff who were lone working had been completed. We saw that a policy for lone working was in place but this did not identify the risks associated to the individuals staff were working with. The provider might wish to note that to identifying the potential risks of lone working staff will mean staff will be better informed in how to deal with situations if they were to occur.

People using the agency and their relatives made many positive comments about the service. One relative told us, "They're flexible and fit in with the best times for us and turned up on time." During our visit we observed the flexibility of the service being discussed with a relative. Another person told us "I look forward to them coming. They (the staff) are always cheerful, puts a smile on your face."

We were also told there was a small groups of carers regularly used, whom people knew well, providing the care. The manager told us that systems were in place to ensure consistency of carers. There was evidence in the daily records that the agency had good working relationships with healthcare professionals and frequently sought advice and made appropriate referrals including specialist nurses and the occupational therapist. This helped people to be as independent as they could be and to make lifestyle choices. It also

ensured people had the right advice and equipment to do this effectively and safely. We saw an example of where the occupational therapist had been requested to make an assessment of needs. However, the provider might wish to note that the care plan had not been reviewed to reflect this. The information is relevant to inform all staff of changes to the individual's plan of care.

We asked the manager about what arrangements they had in place for dealing with emergencies that might affect the delivery of care. They were able to tell us about how they had managed recent adverse weather conditions in a very rural area. They also operated a 24 hour on call system and had adequate staffing to cover in an emergency such as sickness and absence.

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

We looked at staff records that showed that they had received training in safeguarding procedures and on recognising and understanding abuse and what to do should they think abuse was taking place. We saw policies and procedures in place that covered different types of abuse but these did not include the local authority protocols and procedures who are the lead agency co ordinating safeguarding. The provider might wish to note that to provide the details staff can act independently upon things they may be concerned about.

Staff we spoke with were able to tell us what they should do if they suspected abuse had occurred or was at risk of happening. Staff also confirmed that they had been trained on this by the provider and understood about whistle blowing on poor practices. Records we saw showed there had not been any safeguarding referrals made in the past year.

Staff had no access to people's finances other than for small purchases. Records were kept of any instances where staff were given money to buy something for the person using the service such as the odd grocery item.

Everyone we spoke with who used the service said they felt safe receiving care from the agency. One relative told us that the agency was "Very good to deal with" and another said that "They (staff) are helpful and pleasant and we have no concerns." People we spoke with said they would be confident contacting the manager of the agency if they had any concerns about the service or the care they received. All the people we spoke with expressed confidence in the staff and the management to support them and act in their interests.

We saw that the manager had raised concerns to the relatives of a person using the service about the risks associated with 'cold callers' to their home. This meant appropriate safeguards were put in place by the relatives. The information had been shared with staff in order to raise their awareness as part of in house training.

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was not meeting this standard.

The recruitment and selection processes in place were not effective in ensuring a robust system to protect people using the service

We have judged that this has a minor 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

During our inspection we looked at the records the agency held about the recruitment of care staff. We saw there were systems in place to obtain a variety of suitability checks. However, some of these checks were not consistent. For most people employed there were no records of references from previous employers. If there were any concerns about their character they could not be checked by the agency prior to employment. This meant that the provider had not taken all available steps to protect the best interests of people using the service.

We did not see a policy or procedure that set out the recruitment and selection process used by the agency. The provider might wish to note that having a policy and procedure in place would ensure an effective process for ensuring that people being employed were of good character.

The personnel records we saw included certificates of qualifications showing people had the relevant skills and knowledge necessary for the work to be performed. The checks we saw included obtaining a Criminal Records Bureau (CRB) disclosure. We saw that people filled in application forms and/or sent in a letter of application. We saw that staff were issued with terms and conditions of employment.

We did not see that satisfactory information about conditions relevant to their ability to work were made during the recruitment procedure. This meant that people being employed may not be physically and mentally fit for the work. We spoke with staff about their recruitment process and when asked about their experience one person told us, " I felt they (the provider) were very thorough. I couldn't start until my CRB had arrived and then I was shadowed until I felt confident."

The recruitment procedures in place did not demonstrate to us that the provider operated a robust and effective recruitment procedure to protect the interests of people using the service.

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 in place to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

We saw during our visit to people's homes the communications between staff reporting and taking action to ensure people received safe and appropriate care. This included a referral to the community occupational therapist to assess and provide the right equipment to assist the safe mobility of someone using the service.

Since the service was registered in October 2012 there had not been any formal survey's completed with service users and or relatives. We saw a letter written by a relative that provided positive feedback about the service provided and formally requesting more support. The manager told us this request had been acted on and more support was provided. We saw other positive feedback had been given in the form of a certificate of appreciation.

We saw policies and procedures were in place for managing complaints. We saw this information was provided to every person using the service within the service users' guide. We reviewed the complaints records and none have been made since the service commenced. One person we spoke with told us, "If I have any concerns I speak with the staff and it gets sorted straight away".

We saw records for incidents that had been dealt with appropriately. However, the provider might wish to note that recording the actions taken following incidents would show that appropriate action was taken. The manager could tell us about the regular checks that were taking place to ensure people were receiving safe and appropriate care. The service has only been operating for eight months and the systems we saw in place were informal and formal systems were being developed.

We saw appropriate individual risk assessments had been carried out on potential physical and environmental risks to people using the service. We could see that there were staff meetings being held for care staff to meet and discuss the needs of the people using the service, any changes and practice issues. We could see from minutes of the meetings that potential issues were also identified and discussed.

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 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers How the regulation was not being met: The recruitment procedures in place did not demonstrate to us that the provider operated a robust and effective recruitment procedure to protect the interests of people using the service. Regulation 21(a)The registered person must operate an effective recruitment procedure to ensure that people employed are (i) of good character and (iii) physically and mentally fit for the work to be carried out.

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 28 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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