

Proper Care (Cornwall) Ltd

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## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

The inspection took place on 3 February 2016 and was announced in accordance with our current methodology for inspecting domiciliary care services. Proper Care provides personal care to approximately 100 predominantly elderly people who live in their own homes in the West of Cornwall. The service was previously inspected on 7 and 14 May 2014 when it was found to be fully compliant with the regulations. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Before the inspection we sent out a survey to a random selection of 50 people who used the service. Everyone who responded to our survey and all of the people who we spoke with during our inspection told us they felt safe with, and were well cared for by their staff from Proper Care. Comments received from people and their relatives included; "I definitely feel safe with my care staff", "They are absolutely delightful" and, "The staff are always lovely. [My relative] gets on really well with them."

People told us they received a schedule of planned care visits each week which included details of the times of all visits and the names of the staff who would be visiting. People said this information was normally accurate, that staff arrived on time and stayed for the full planned care visit. People's comments included; "Very, very occasionally they are late", "They are never late they come when they say they will" and, "They are normally on time and will let me know if they are going to be late. Basically they are on time or I get a call." We examined staff visit schedules and daily care records. We found staff were provided with appropriate amounts of travel time between consecutive care visits and provided care visits of the planned length. Staff told us, "We do get travel time", "There is enough time during visits, you do not feel you have to rush people" and, "I definitely have enough time to talk. I can stay and have a cup of tea and a chat with people, I love all the stories people tell you."

Proper Care had appropriate procedures in place to protect people from abuse and avoidable harm. Staff understood local safeguarding procedures and people's care plans included detailed risk assessments. These assessments provided staff with detailed guidance on the actions they must take to protect people from each identified risk. The service's recruitment procedures were robust and necessary staff pre-employment checks had been completed.

The training needs of the staff team had not been met. Before our inspection the provider's quality assurance systems had identified this area of concern. As a result the service's training and induction systems had been reviewed. It was planned that in future all staff would receive appropriate regular training to help ensure they had the skills necessary to meet people's care needs.

There were sufficient numbers of staff available to meet people's assessed needs and care staff received regular supervision from managers and senior care staff. The service's on call management arrangements

were effective and staff told us, "I know I can phone up at any time and they will answer, I think they [managers] do an absolutely fantastic job."

People told us, "I see the same staff regularly, I get on with them" and staff visit schedules showed people regularly received care from a consistent small staff team who they knew well. In addition, office staff knew people well and understood their care needs and individual preferences.

People's care plans were detailed and informative. They provided staff with sufficient information to enable them to meet people's care needs. Care plans were based on information gathered during assessment visits completed prior to the initial care visit by one of the service's managers. All of the care plans we reviewed had been regularly reviewed and updated to ensure they accurately reflected people's current care and support needs.

Many people told us they would recommend Proper Care to others and commented, "I mean it sincerely, they are very good. I have recommended them to my friends and family", "I would give them ten out of ten" and, "I have recommended them to other people I know." Where complaints had been received these were resolved promptly and to the complainants satisfaction.

The staff team were well motivated and supported by the registered manager. Staff comments in relation to the service's managers included; "They are so approachable and helpful, you never feel silly when you ask questions", "They have been amazingly supportive" and, "The managers are brilliant, so easy to talk to." Managers valued and respected the staff team and each Friday cakes and other treats were provided for staff when they visited the office to collect their rotas. These visits provided an informal opportunity for care staff to share information with managers and this was highly valued by the registered manager who told us, "the more time staff spend here, the more info we get so we have more of a feel for what is happening out there."

The size of the service had significantly reduced since our previous inspection as a result of changes to local commissioning practices and difficulties retaining and recruiting staff. These difficult challenges had been well managed and the service had acted appropriately to ensure people's care needs were met.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe. There were sufficient staff available to meet people assessed care needs.

Recruitment procedures were safe and staff understood both the providers and local authority's procedures for the reporting of suspected abuse.

People were protected from identified risks and there were appropriate systems in place to support people with their medicines.

### Is the service effective?

Requires Improvement ●

The service was not entirely effective. Staff training needs had not consistently been met.

Staff were well supported by managers and received regular supervision and annual performance appraisals.

People's choices were respected and staff understood the requirements of the Mental Capacity Act.

### Is the service caring?

Good ●

The service was caring. Managers and staff knew people well and understood their individual care needs.

People's privacy and dignity was respected and staff supported people to maintain their independence.

### Is the service responsive?

Good ●

The service was responsive. People's care plans were detailed and personalised. These documents contained sufficient information to enable staff to meet their identified care needs.

Staff respected people's decisions and encouraged them to make choices about how their care was provided.

### Is the service well-led?

Good ●

The service was well led. The registered manager provided staff

with appropriate leadership and support and the staff team was well motivated.

Quality assurance systems were in use and staff performance issues were resolved appropriately.

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## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was completed by a team of two adult social care inspectors on 3 February 2016. The service was given 24 hours' notice of the inspection in accordance with our current methodology for inspection domiciliary care services.

Before the inspection we reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we visited two people at home and spoke with nine people and three relatives by telephone. We also spoke with seven staff, the deputy manager and the registered manager and a health and social care professional who worked with the service regularly. We also inspected a range of records. These included seven care plans, four staff files, training records, staff duty rotas, meeting minutes and the service's policies and procedures. In addition we sent survey questionnaires to 50 people supported by Proper Care; we received ten responses from people who used the service and five from people's relatives.

## Is the service safe?

### Our findings

Everyone who responded to our survey told us they felt safe while being supported by staff from Proper Care. People told us; "I feel safe with them" and, "I definitely feel safe with my care staff."

There were systems in place to help ensure people were protected from abuse and avoidable harm. Staff told us they would report any concerns to the service's managers and were aware of their responsibility to report significant concerns to the local authority. Information about both the service's and local authorities safeguarding procedures was included in service user guides which were given to people during their initial care visit. In addition, posters detailing the local authorities safeguarding procedures were displayed in the service office. Records showed that concerns reported to managers had been referred to the local authority for further investigation. For example, staff had identified that one person was at increased risk due to a change in their care needs. This information had been referred to the local council and the service had worked effectively with partner organisations to help ensure the person was protected and their independence maintained.

People's care plans included detailed assessments of risk to both the person in need of care and their support staff. These assessments had been completed as part of the initial assessment process and had been regularly reviewed and updated to ensure their accuracy. For each identified risk staff were provided with detailed guidance on the actions they must take to protect the person from identified risks. For example, where people were at risk of falls their risk assessments provided detailed guidance on how staff should operate any necessary equipment to meet the person's mobility needs. The service had appropriate infection control procedures in place and supplies of personal protective equipment were available to staff from the services office.

Most people who lived independently and received support from Proper Care used a life line system to enable them to contact emergency services in the event of an emergency. People's care plans included guidance for staff to check that the person was able to reach their life line at the end of each care visit.

One person told us, "They always have an identification badge and they are very well presented." We saw that all staff had been provided with a uniform and identification badge to enable people to confirm the identity of care staff during their initial care visits.

The service had procedures in place for the prioritisation of people's care visits during adverse weather events. An assessment had been completed of each person's needs and a traffic light system used to identify care visits that were critical to people's safety. The service had also recognised that the reliability of staff vehicles was a source of risk in relation to the provision of care visits. As a result the service had purchased a company car which was available for staff to use in the event that their own vehicle broke down.

Where accidents or incidents had occurred they were investigated by the registered manager. Where these investigations identified areas where improvements could be made appropriate actions were taken to help ensure similar incidents did not reoccur.

Proper Care's staff recruitment procedures were robust. All applicants completed a written application form and were formally interviewed by the registered and deputy manager. Detailed records were kept of staff interviews and prospective staff member's references were checked and their identities confirmed before employment was offered. Necessary Disclosure and Barring Service (DBS) checks had been completed before each new member of staff began work. There were appropriate staff disciplinary systems in place which included procedures for the management of poor staff performance and repeated staff sickness.

We reviewed the service's visit schedules, individual staff rotas, call monitoring data and duty management records. At the time of our inspection there were sufficient numbers of staff available to provide people's planned care visits. Staff rotas included travel time between consecutive care visits and staff told us, "We do get travel time" and, "I get enough time to get from one visit to the next one."

People told us they received a schedule of planned care visits each week which informed them which members of care staff would provide each planned care visit. One person said, "I get a schedule of who is coming for the following week. The carers bring it on Saturday. I like that."

During our review of visit schedules we identified some variation in the planned timing of people's care visits. However, people told us their care visits were normally provided at the time they expected. People's comments in relation to staff arrival times included; "Very, very occasionally they are late", "Sometimes they are a little early, sometimes a little late but it doesn't matter to me. They are normally on time", "They are never late they come when they say they will" and, "They are normally on time and will let me know if they are going to be late. Basically they are on time or I get a call." Staff told us their visit schedules did not normally change unless other members of staff were unwell or people cancelled planned care visits. One staff member said, "Occasionally you are asked to do an extra visit if you have a gap in your rota but it does not happen much".

Where the service supported people to manage their medicines a full list of the person's medicines was recorded in their care plan. Staff normally prompted or reminded people to take the medicines from blister packs prepared by a pharmacist. Where people required additional support with their medicines the care plan included a medicines administration agreement which detailed the level of support the person required. Daily care records included information on support people had received with their medicines. During a recent visit to one person's home care staff had identified that significant quantities of unused medicine were being stored within the home. With the person permission managers had arranged for this unused medicine to be returned to the pharmacy for safe disposal. This demonstrated staff were alert to any potential risks associated with medicines and took action to minimise any such risk.

Where staff carried out shopping trips for people receipts were always provided and the person was asked to sign to confirm they had received the correct change.



# Is the service effective?

## Our findings

Staff told us, "They [Proper Care] are very up on training." However, during our review of the service's training records we found staff had not received the appropriate training to enable them to meet people's care and support needs. We discussed this with the registered manager who was aware of the problem and told us, "We found during spot checks that staff did not seem to know what they were supposed to know" and, "Since mid December [the deputy manager] has been focused on addressing the training short fall". The registered manager explained that as a result of this issue the service's training systems were in the process of being reviewed and updated. A new staff training programme had been introduced so that each month staff would focus on a particular area of training. A number of training sessions would be provided to ensure all staff were able to attend. This system was designed to ensure all staff would receive training in a particular topic at the same time making it simpler in future to ensure all staff training was up to date.

Staff told us; "The induction was brilliant, very helpful" and, "I did three and a half days in the class room and then two weeks of shadowing." Induction training processes had also been reviewed and updated. All new staff now received training in health and safety, medicines, safeguarding, infection control and food hygiene during their first two weeks of employment. There followed a period of shadowing experienced care staff in the community. In addition, during their probationary period, staff received training in the 15 fundamental care standards in accordance with the requirements of the Care Certificate.

Staff told us they were well supported by managers and received regular supervision. Their comments included; "I feel well supported", "We get supervision regularly and spot checks as well. They check how we are doing" and, "I had a supervision quite recently, they seem to do them quite often." One senior member of staff responsible for providing staff with supervision told us, "Supervisions are reasonably up to date, I think I have four more that need to be done this month." Our review of staff records showed that staff received supervision with a senior member of staff every three months and an annual performance appraisal from the service's registered manager.

Formal staff team meetings were held regularly at Proper Care. The minutes of these meetings showed they provided staff with an opportunity to share information about people's changing care needs and discuss any other issues within the service.

Proper Care used a weekly newsletter to keep staff informed of any recent changes in the care needs of the people they supported. Where staff were asked to make changes to their planned visit schedules this was done via text message which staff were required to acknowledge.

People's care plans included information on how to effectively communicate with the person in need of support. Where appropriate staff were also provided with detailed guidance on how to help people to manage their anxiety during care visits.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible

people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We found that staff and managers understood the requirements of the act. Managers and staff understood the requirements of this act and when asked provided examples of how they gained people's consent before providing care and supported people to make decisions and choices about how their care was provided. People had been involved in the process of developing and reviewing their care plans and had signed these documents to formally record their consent to the care as planned.

The management team worked collaboratively with health and social care professionals to help ensure people's care needs were met. The service correspondence records showed information about changes in people's care needs had been shared appropriately and the people had been supported to access a variety of professionals including; GPs, speech and language therapists, dentists and specialist nurses. People's care plans included guidance provided by health professional's on how best to support individuals. Health professionals we spoke with told us the service was, "excellent" at supporting people with complex care needs.

People's care plans included information and guidance on the support people required with meals. These records included information about the person's normal meal time routines, the support they required and information on their individual likes and preferences. For example, one person's care plan said, "Offer [person's name] breakfast of their choice. [They] will usually have two pieces of toast with marmite and a cup of tea." People's care plans included details of any specific dietary requirements and specific guidance on how to safely prepare people's meals.

## Is the service caring?

### Our findings

Everyone who responded to the survey said they were happy with the care and support they received from Proper Care and people told us their care staff were kind and compassionate. Comments included; "They are absolutely delightful", "They are really pleasant people" and, "They are lovely, they are a breath of fresh air."

Throughout our inspection it was clear that office staff knew people well and understood their individual care and support needs. We overheard staff sharing information about changes to one person's care needs with office staff. It was clear from their responses that office staff knew and cared for the person whose needs had changed. In response to this information an appropriate referral was made to health professionals for additional support and a home visit was arranged. Staff told us, "The managers really know the service users as people."

People told us, "I see the same staff regularly, I get on with them", "they are my own little life lines" and, "they know my routine and I normally have the same carers. I get on very well with them. I could not do without them." One person's relative said, "The staff are always lovely. [My relative] gets on really well with them." Staff rotas and people's visit schedules showed that people regularly received support from small groups of carers who they knew well. People's preferences in relation to the gender of the care worker were recorded both within their care plans and the service's visit scheduling system. This meant office staff were always aware of people's preferences when organising visit schedules and people told us their preferences were respected. In addition where people provided positive feedback or expressed preferences in relation to specific staff these preferences were also respected where possible. The registered manager told us, "We try to rota carers that [person's name] prefers."

Everyone who responded to our survey reported that their care workers stayed for the agreed visit length. People we spoke with told us, "On no they don't rush you", "They stay long enough", "I am not rushed, they have enough time" and, "Sometimes they do have time for a chat and we always chat as they are helping me along." Staff said they had sufficient time during planned care visits to meet people's care needs and commented, "There is enough time during visits, you do not feel you have to rush people" and, "I defiantly have enough time to talk. I can stay and have a cup of tea and a chat with people, I love all the stories people tell you."

Proper Care's caring approach was demonstrated by their response to an issue that had recently been raised by a couple, one of whom was supported by the service. The person's care needs had increased and this had had impacted on their relationship. The couple had raised the issue with managers who told us, "They made it very clear it was important to them so it was important to us." Managers described how they had worked with both health professionals and care commissioners to address and resolve the issue to the couple's satisfaction.

Everyone who responded to our survey reported that they were helped to be as independent as possible. People told us their carers supported their independence and during our visits to people's homes we

observed that staff encouraged people to be as independent as possible while providing appropriate support when required. People told us they were well cared for by the care staff and said, "They always ask is there anything else they can do?"

The service was able to respond promptly on occasions when people requested additional support at short notice. For example, one person's relative had called in the morning to request an additional double handed care visit. Managers had been able to meet this additional unexpected need by making small changes to staff visit schedules without impacting on other people who used the service. One person's relative told us, "When there was a problem I phoned the office and they sent someone to sort it out. I was very pleased they weren't long and the carers came to help me out." In addition we saw the service was able to respond to requests for flexibility in planned visits times to enable people to attend social events.

Care plans included guidance for staff on how to ensure people's privacy and dignity was protected while they were receiving care. For example, care plans instructed staff to ensure that curtains were always closed before providing personal care and to protect people dignity while using equipment to help they mobilise by ensuring the person was appropriately covered. People told us; "Oh yes, they always treat me with respect. They closed the curtains for me", "They always close the curtains" and, "They always treat me with respect."

## Is the service responsive?

### Our findings

Prior to the initial care visit the registered manager or deputy manager visited people in their own home to assess the person's care needs. During this assessment visit the person's needs and expectations were discussed in detail to ensure the service was able to meet those needs. Detailed records of these assessments were completed and this information was combined with details provided by the commissioners of the care service to form the basis of people's individual care plans. One relative told us, "They came out and did an assessment and do reassessments whenever things change." In one of the care plans we reviewed assessment visits had been conducted over two days as the person's needs were complex and the manager wished to fully understand those needs before agreeing to provide their care.

People's care plans were detailed and informative. For each care visit staff were provided with detailed instructions on the care and support to be provided and the person's individual preferences. The care plans included information about the person's medical history but limited information on people's life history and interests. It is useful to provide staff with information about people's like and interests as this can help staff to build relationships during initial care visits. Information about people's life history can help staff understand how the person's background affects their current care and support needs.

All of the care plans we looked at had been regularly reviewed to ensure they accurately reflected the person's current care needs. People and their relatives told us, "They do come every so often to talk through the care plan. It's fairly up to date", "Their records are always up to date" and, "From time to time they come to talk about the care plan, about once a year."

Daily records were completed by staff at the end of each care visit. These recorded the arrival and departure times of each member of staff and included details of the care provided, food and drinks the person had consumed as well as information about any observed changes to the person's care needs. The daily care records were signed by each member of staff present at the care visit. Daily care records were infrequently returned to the services office. Once records were returned to the service office they were reviewed and audited. Any issues with the quality of information recorded by staff, or concerns about changes to the person's needs, were identified during the review process and acted on.

Care staff respected people's decisions and wishes. People commented, "I am in charge, there are no two ways about that", "I tell them what I want them to do and they always write down what they have done" and, "they always do what I want. We have a routine going that they know and we do it together." One person's relative said, "[my relative] tells them what he needs and they do it" while staff said, "I give people the choice of what they would like me to do." Care plans included information on people's choices and how staff could support them with these while helping them to stay safe. For example, in one care plan it was recorded that the person did not like to wear their lifeline. The guidance directed staff to check the life line was within the person's reach at the end of each care visit. This meant the person's wishes were respected while ensuring they were able to call for support if necessary.

People told us, "I've not had to complain", "I don't have any complaints, if I did they would know about it"

and, "I cannot think of any constructive criticism to give them." There were systems in place for the management and investigation of any complaints received. Although the service's response to complaints had not always been consistently documented they had been resolved to the complainant's satisfaction. One person told us, "everything is fine, I asked them to alter a few things and that has been done." A professional commented, "They will listen and respond to people's issues."

## Is the service well-led?

### Our findings

People consistently told us that Proper Care was a well-managed service and commented; "Overall I think Proper Care are pretty good", "I think it is very well run", "I think they are excellent, I am being serious. They are very, very good" and, "We are very, very thrilled with Proper Care. It's absolutely tip top."

Everyone who responded to our survey told us they would recommend Proper Care to others and people we spoke with said; "I could not recommend them highly enough" and, "I mean it sincerely, they are very good. I have recommended them to my friends and family." People's relatives told us; "I would give them ten out of ten" and, "I have recommended them to other people I know."

Staff were well motivated and told us they were well supported by the registered manager and office staff. Staff said any issues they raised with their managers were always resolved and commented; "In all honesty I absolutely love it here. They are so approachable and helpful, you never feel silly when you ask questions", "They have been amazingly supportive", "It's really good company. The boss is always there for you" and, "The managers always listen to you and they do take things on board." One staff member told us, "I have worked for other care companies but this one really is the best one."

There was an on-call manager system in place to provide care staff with support outside of office hours. Staff told us this system worked well and their comments included, "I know I can phone up at any time and they will answer, I think they do an absolutely fantastic job." Each morning there was a handover meeting between the on-call manager and office staff team to ensure all office staff were aware of any issues or events that had occurred overnight.

Managers respected and valued the staff team. All staff were encouraged to visit the service's office every Friday to collect their rota. In order to encourage staff to extend their visits to the office on Friday's cakes and other treats were provided. This created an informal, welcoming atmosphere where staff chose to spend time chatting with the manager and office staff. The registered manager valued these interactions as they provide additional opportunities for staff to share information or concerns with office staff that could then be resolved. Staff told us they enjoyed this weekly event and valued these opportunities to, "have a chat to the office staff." While the registered manager said, "the more time staff spend here, the more info we get so we have more of a feel for what is happening out there."

During their weekly visit to the service office staff received a copy of their rota for the following week, a staff newsletter with anonymised information about any changes to people's care needs and copies of planned visit schedules for the following week. Staff then delivered these visit schedules to people homes' during their next care visit. This meant people knew each day when their care staff were due to arrive and which staff would be providing their support.

The service operated a carer of the month award to recognise and celebrate staff achievements. Each time a compliment was received about a member of staff's performance their name was entered into a monthly draw. The winning member of staff was awarded with a meat hamper from a local butcher.

The registered manager was actively involved with a number of local provider groups and had hosted peer support events in the service's training room. This demonstrated their commitment to working to improve and develop the provision of care throughout the sector.

Since our previous inspection Proper Care had significantly reduced in size as a result of a combination of issues including difficulties retaining and recruiting staff and changes to local commissioning practices. This reduction in the size of the service had been well managed. Appropriate, timely and difficult decisions had been made to ensure people's care needs were met. The registered manager told us, "We have not been in a position to take on new clients until very recently." Where reductions in staffing levels had meant the service was no longer able to meet people's individual needs the commissioners of their care had been given sufficient notice to enable alternate arrangements to be made. The registered manager told us, "I kept everyone in the loop as I wanted people and staff to be able to say goodbye."

Proper Care used an annual survey to monitor the standards of care provided and identify any areas in which the service could improve. The most recent survey had been completed at the end of 2015 and had received 52 responses. People's feedback was highly complimentary with comments including, "I am happy with the care I receive and if I need more in the future I shall be staying with you. Yes I will continue to recommend you." and, "I feel in good safe hands when I am out and about, which is helping to rebuild my confidence." In addition there were robust on-going quality assurance systems in place at Proper Care to monitor and assess the quality of care the service provided. These included regular quality assurance audits and spot checks of staff performance during care visits. Staff told us, "I had a spot check yesterday" and, "Someone comes and inspects us to make sure we are doing things properly." Where issues with the performance of individual members of staff were identified these were addressed and resolved in accordance with the service's policies and procedures.