

Proper Care (Cornwall) Ltd

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Proper Care (Cornwall) Limited provides personal care to people living in their own homes in the community. Services are provided to predominantly older people living in and around Helston in south west Cornwall. At the time of our inspection the service was providing support to 70 people. The service generally provides short visits at key times of the day to support people with specific tasks to enable people to continue to live in their own homes.

We carried out this announced inspection between the 6 and 10 September 2021 in response to concerns raised about a drop in staffing levels, the handing back of packages of care to the local authority and the management of the service. At the last inspection, in September 2018, the service was rated good overall. At this inspection we found improvements were required regarding the governance and records held by the service.

People's experience of using this service and what we found

Several care staff had left the service in the last month. This had led to the provider having to hand back some packages of care to the local authority as they did not have enough staff to carry out the visits. One relative had complained to the Care Quality Commission about this. During the week of this inspection three senior office staff and four further care staff ceased working in the service. The provider was working closely with the local authority to manage packages of care and was actively recruiting to replace staff.

At the last inspection we received mixed feedback from staff, in relation to the amount of time allocated on the rota to travel between care visits. We identified that some staff visit schedules did not include appropriate amounts of travel time. We issued a recommendation in relation to the services visit scheduling systems in the last report. At this inspection we could see that the provider had ensured travel time in some rotas. However, due to the lack of staff recently, many current rotas failed to allocate any travel time between visits. The provider was committed to ensuring staff had sufficient time to travel between visits and assured us this would be added to the rotas as soon as sufficient staff had been recruited.

Any accidents or incidents that occurred had been investigated and action had been taken to help prevent any re-occurrence. However, such events had not always been appropriately recorded.

There were gaps in many medicine records. This meant it was not always possible to establish if people had received their medicines as prescribed.

Audit processes were not effective. For example, medicine records that had been signed off as audited were found to contain gaps where prescribed medicines should have been signed for as given. This had not always been identified and addressed with staff.

The service did not have robust recruitment practices. The provider confirmed that two references were

required before staff began working alone. Some staff had commenced working alone in the community without the necessary references required. New staff confirmed they received appropriate training and support before they worked alone with people.

The guidance and process in place for staff to follow when handling people's money for shopping etc., was not robust. This meant it was not always possible to establish how people's money was used.

People and their relatives had not been impacted by the recent staff shortages. They told us the service provided safe care. People told us their care visits were normally provided on time and for the full duration and one person told us, "I feel safe with them. I have not had any cancelled calls. They are very good to me and they stay the time as they should. They wear all the PPE to protect me from Covid-19."

People told us they received a good service. Some visits had been cancelled recently, due to a lack of staff. People had been advised of this by phone. We spoke to many of these people who confirmed they had access to alternative support and were not wholly dependent on the staff for their support.

Staff had received training in safeguarding adults and knew how to respond if they had any concern in relation to people's safety.

Risk assessments had been completed and where risks had been identified staff were provided with guidance on how to manage and minimise these risks while providing support.

Staff provided mixed feedback, they told us, "We have had to give some packages back to the Council as we could not cover them. Our rounds are still busy but achievable. My clients have not been affected really," "Absolutely fine, I really enjoy it, I get good feedback from clients. I have not had any problems" and "We don't get paid for our travel time between visits, we get paid mileage only. It can be a good bit of our day taken up with travelling between visits."

Staff told us they were well supported by the provider and commented, "(Provider's name) is a good boss they are supportive and if we raise an issue with them it gets sorted. I can always get hold of them when I need help with anything" and "I have a lot of respect for (Provider's name) it has been a good place to work, things are not so great just now but I am confident they will get better."

Staff knew people they supported well and those people told us they were normally supported by a small group of carers whose company they enjoyed. Information about people's likes and interests was gathered during the needs assessments process and where possible the service aimed to provide support staff with similar interests.

One person's relative said, "They have had no cancelled calls at all and my gosh they certainly make her feel safe, they are a Godsend, I don't know what we would do without them!"

People told us they were asked for their views on the quality of care the services provided as part of the care plans review process and records showed that people's comments had been complimentary.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The last rating for this service was good (published 9 November 2018)

Why we inspected

We carried out this announced inspection as we had received concerns in relation to the management of the service and staffing shortages. This had led to some packages of care being handed back to the local authority. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We have found evidence that the provider needs to make improvements. Please see the Safe and Well-led sections of this full report.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to governance processes not being robust and records not always being completed as required. Please see the action we have told the provider to take at the end of this report.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe and well led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Proper Care on our website at www.cqc.org.uk.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe
Details are in our safe findings below

Requires Improvement ●

Is the service well-led?

The service was not always well-led
Details are in our well-led findings below

Requires Improvement ●

Proper Care (Cornwall) Limited

Detailed findings

Background to this inspection

The 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.

Inspection team

The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has experience of using or caring for someone who uses this type of service. The expert by experience telephoned a sample of people and their relatives to check people were happy with their care and support.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced in accordance with our current methodology for the inspection of home care services.

This inspection activity started on 6 and ended on 10 September 2021. We visited the office location on 10 September 2021.

What we did before the inspection

We reviewed the completed Provider Information Record (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR, the last inspection report and also reviewed the information we held about the service. We used all of this information to plan our inspection.

During the inspection

We spoke with the 13 people who used the service, and their relatives, 12 members of care staff, the finance administrator and the provider. In addition. We reviewed a range of records. These included care records, recruitment records, medicine records, staff duty rotas, and quality assurance processes.

After the inspection

We spoke with two healthcare professionals who were positive about the service provided by Proper Care. We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection the rating of this key question has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

This inspection was prompted due to concerns received about low staffing levels. We had received a complaint from the family of a person whose package of care had been handed back to the local authority.

We found no evidence during this inspection that people were at risk of harm from these concerns.

Staffing and recruitment

- Staff were not always recruited safely. The provider confirmed that newly recruited staff should have two references received before they worked alone in the community. Some recently recruited staff had begun working alone before the necessary references had been received. The provider was not aware of this concern prior to this inspection.

The failure of the provider to ensure that recruitment records were robustly monitored and maintained is a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations.

- Several care staff had left the service in the last month. This had led to the provider having to hand back some packages of care to the local authority as they did not have enough staff to carry out the visits. One relative had complained to the Care Quality Commission about this. During the week of this inspection three senior office staff ceased working in the service. The provider was working closely with the local authority to manage packages of care and was actively recruiting to replace staff.

- At the last inspection we made a recommendation about the rota scheduling in sufficient time, between visits, for staff to travel from one visit to the next. At this inspection we reviewed the service's visit schedules and found that the provider had provided this, and it was seen on some rotas. However, this had not recently been possible due to the lack of staff. However, we were assured that travel time would be reinstated as soon as sufficient staff were recruited.

- Staff provided mixed feedback, they told us, "We have had to give some packages back to the Council as we could not cover them. Our rounds are still busy but achievable. My clients have not been affected really," "Absolutely fine, I really enjoy it, I get good feedback from clients. I have not had any problems" and "The rota does not give us travel time, nor do we get paid for our travel time between visits, we get paid mileage only. It can be a good bit of our day taken up with travelling between visits."

- Some visits had been cancelled, due to a lack of staff, and people we spoke with confirmed they had been informed about this. People who had their visits cancelled did have alternative support in place and were not placed at risk. Comments included, "They have had no cancelled calls at all and my gosh they certainly make her feel safe, they are a godsend, I don't know what we would do without them!," "Yes they are very

safe with the staff and never had any missed calls."

- People and their relatives said they normally received care visits on time and for the full duration. Comments included, "As far as I know the staff stay as long as they should and the timings suit him for their calls," "They have half hour visits and the staff always stay the time they should. They are normally on time. Last week they were late and they let her know. They had sickness apparently" and "As often as possible they send a lady who they know who lives near her which is nice for them. The staff are trained and know what to do."

Assessing risk, safely monitoring and management

- Any accidents and incidents were reported to the provider and investigated to identify any additional measures that could be put in place to prevent similar events from reoccurring. However, a recent event which had taken place was not documented by the provider.

The failure of the provider to record accidents is a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations.

- Risk assessments had been completed as part of the initial care visits to each person's home. For each identified area of risk staff had been provided with guidance on the action they must take to protect the person and themselves.
- The service had appropriate emergency procedures in place for use during periods of adverse weather.

Using medicines safely

- People were supported by staff to take their prescribed medicines. Medicine administration records (MAR) were provided for staff to record all medicines given to people. However, there were many gaps in these records. The MAR's had been audited but these gaps had not always been identified and an opportunity to improve the service had been missed.

The failure of the provider to ensure that audit processes are robust and effective is a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations.

Systems and processes to safeguard people from the risk of abuse

- The guidance and processes in place for staff to follow when handling people's money for purchasing shopping on their behalf, was not robust. This meant it was not always possible to establish how people's money was used and left staff vulnerable to challenge.

The failure of the provider to ensure robust processes were in place for staff when handling money is a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations.

- Staff knew and understood their responsibilities to keep people safe and protect them from harm. One person told us, "I feel safe with them. I have not had any cancelled calls. They are very good to me and they stay the time as they should."
- Staff had received training in safeguarding adults and equality and knew how to identify and report possible abuse.

Preventing and controlling infection

- Staff had completed infection control training and had access to PPE. They completed weekly Covid-19 tests and shared the results with the service to enable management to respond quickly in the event of an

outbreak.

- One person told us, "They wear all the PPE to protect me from Covid-19"
- Staff confirmed they had good stocks of PPE. Most staff had been vaccinated against Covid-19.

Learning lessons when things go wrong

- People were very positive about the quality of the service they received. They told us they had confidence in the provider addressing any issues that were raised.
- The provider was committed to improving the service following the recent loss of staff. The provider was out working in the community, covering many visits every day, in order to help ensure people's needs were met.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had worked hard to ensure that no people had been impacted by the recent staffing issues. They had communicated with the local authority appropriately. However, concerns found during this inspection with some recruitment, medicine, finance records and the quality of some audits had not been identified by the provider prior to this inspection.

The failure of the provider to identify the concerns found at this inspection was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations.

- The provider had recently taken a more active role in the running of the service and was carrying out care visits on a daily basis and actively recruiting to vacant posts. The provider was working closely with the local authority and the Care Quality Commission throughout this current challenging period.
- Staff consistently told us of the impact on them of the increase in workload, due to a lack of staff, and they were unsettled by the changes in the office. They told us their runs were achievable most of the time, and they could meet people's needs. It was clear the service was under pressure and staff were very tired, but most staff were very committed to providing a good service.
- The provider was aware the service faced significant challenges due to a lack of staff. They were committed to increasing staffing levels and improving the standard of governance and oversight of the service provided.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- One relative had raised a formal complaint with CQC about their relative's package of care being handed back to the local authority. This complaint had been responded to by the provider but there were no records of this complaint at the service.

The failure of the provider to record a formal complaint is a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations.

- We spoke with people who used the service and their relatives. Comments included, "I was involved with a

review meeting at the start about their care plan when their social worker was also there as well. They do contact me about my views on their care and they are wonderful! I cannot speak too highly of them all" and "The manager has popped round to see Mum a few times and had a cup of tea with her and checked to see everything is going alright. They always answer the phone quickly when you ring the office about anything. I would say it is well managed. I was involved in her care plan when she began with them and that is what they go by."

- People felt they could approach the provider with any issues. They told us, "I complained recently when a carer was late and they sorted that out. Other than this I have no problems with them," "I have never had to complain about any of the staff," "I have never complained at all but I do know they are very, very busy!" and "I would say the company is well managed and I would certainly recommend them to family and friends."
- Staff were mostly positive about the provider. Comments included, "(Provider's name) is a good boss they are very supportive and approachable" and "I think (Provider's name) may have stepped back a bit recently when perhaps they should have stepped up. I think it will settle down. We are a good team."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider had been open and transparent regarding the recent staffing crisis. They were actively recruiting new staff, and some had returned to the service having left recently. There was a positive commitment by all the staff we met, including the provider and finance administrator, to recover from the current challenges.
- The provider had been open and transparent with all agencies during the recent challenges faced by the service. This inspection was fully supported by the provider.

Working in partnership with others

- The service worked with commissioners and other agencies to help ensure people's needs were well understood and met.
- We spoke with two healthcare professionals who had worked with the staff and management of Proper Care and both were positive about the quality of the service provided. One commented, "They are always very transparent and we work well collaboratively. They are really good."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to ensure that all medicine, recruitment, complaints, and accident records had been effectively monitored and audited. There was not a robust process and system in place to record and audit the staff use of people's money for shopping etc.,