

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

Proud to Care

Unit 5, 53 Mowbray Street, Sheffield, S3 8EN

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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
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Proud To Care Limited
Registered Manager	Mr. Gary Hardman
Overview of the service	<p>Proud to Care is a domiciliary care agency registered to provide personal care. The agencies office is based in the S3 area of Sheffield. Support, companionship and personal care provided to younger adults and older people throughout the city of Sheffield. The agency operates for seven days each week. At the time of this inspection eighteen people were supported by the agency.</p>
Type of service	Domiciliary care service
Regulated activity	Personal care

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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 announced 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 4 November 2013, talked with people who use the service and talked with carers and / or family members. We talked with staff.

What people told us and what we found

People receiving support from Proud to Care and their relatives told us that they were very happy with the agency. Their comments included, "It is excellent. I chose them because of their ethics and values and my hopes have been realised," "I wouldn't hesitate to recommend this agency. They have improved my life" and "They are wonderful. I have a regular team of carers who are reliable and treat me with kindness and respect."

We found that people's care and support needs were assessed and each person had a written plan of care that set out their identified needs and the actions required of staff to meet these.

We found that suitable arrangements were in place to ensure people were safeguarded against the risk of abuse and their rights were upheld.

We found that arrangements were in place to provide staff with support and supervision. Staff were being provided with relevant training to maintain and update their skills and knowledge so that people's needs were met by competent staff.

We found that some procedures were in place to audit and monitor systems within the home.

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

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 privacy, dignity and independence were respected.

Reasons for our judgement

We telephoned eight people that received support from Proud to Care and spoke with them, or their representatives about the support received.

People told us that the manager had visited them prior to a service being provided to explain about the agency and leave an information pack with them. They said that once they had decided to use Proud to Care they were fully involved in making decisions about their care and support and had sat with the manager to write their support plan so that their opinion was respected. People said that their carers knew them well and the support provided was individual and based on their choice. They said that they were always asked their opinion and felt listened to.

Comments included, "When [the manager] first came we sat and talked about what I wanted, needed and expected. He listened to me and wrote down what I needed. My care plan really reflects my wants. It's about quality of care- the nice touches, and he picked up on that" and "The service is excellent. I chose this agency based on their ethics and values. My hopes have been realised. They are very inclusive and listen to you."

All of the people spoken with said that carers were always respectful and polite.

Three carers visited the agency office during our inspection so that we could talk to them about their experiences of working at Proud to Care. Staff spoken with said that dignity and respect were promoted by the agency and had been included in their induction training. Staff were able to provide clear and specific examples of how they respected people and maintained their privacy. They told us that support was based around individual needs and preferences so that choice was promoted and respected. Staff comments included, "He is an exceptional manager. He hand picks staff for their values. Privacy and dignity are really promoted. It is a big drive for us all" and "Respecting people is discussed at every staff meeting. [The manager] sets up this culture of mutual respect because he leads by example when he visits with us to introduce us. It feeds into our consciousness."

We found that appropriate policies were in place which included equality and diversity, staff codes of conduct and privacy. Staff confirmed that they had access to the agencies policies. We saw a copy of the information pack provided to people and found that it contained comprehensive information about the agency that included a client guide, statement of purpose and terms and conditions.

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

People spoken with said that a consistent and reliable service was provided that met their individual needs. People said that their carers knew them well and always gave support in the way they wanted and preferred.

People's comments included, "I have a small team of carers that know me very well. I have been introduced to them all and never have a stranger at my door," "I have never had a missed visit and the carers are always on time. They take time to chat and listen. It's not cold and clinical. They take time to find out how you are. The word 'caring' really applies to them," "They help me and recognise I want to keep as much independence as I can. They see the person, not just their needs. They have changed my life for the better," "I was involved in [my relatives] care planning, it made a difference. All the carers are very kind and really care. [The manager] comes and spends time with [my relative]. They are fantastic. They have given [my relative] a routine and reminisce and chat with them. They have given me my life back and peace of mind. I can sleep at night. Please thank them for me," "We are extremely pleased with them. When [my relative] was ill recently the manager telephoned me after each visit, even at weekends, to let me know how they were and keep me informed" and "I know I haven't got long to live. They have brought peace into my life. They treat me as someone with a brain who has rights." All of the people spoken with said they would recommend this agency.

We spoke with the manager who explained that they visited a person in their own home once a request for support was received. At these initial visits the agency would be explained and an information pack would be left for the person and their representatives to consider. Following this a further home visit would take place and an assessment of needs and care plan would be undertaken with the person requesting support and their representatives if required.

The manager told us that once a care plan had been written a care and support worker would be identified and introduced to the person receiving support. All care staff spoken with said that introductions to people they would be supporting always took place before support commenced. The manager, care staff and people supported confirmed that copies of care plans were kept in the person's home and at the office base so that these were

accessible.

Staff spoken with said that Proud to Care was an 'excellent' agency to work for. They told us that they received good support and a reliable and consistent service was provided to people. Staff told us that they never visited a person until they had been introduced and the initial assessment and care plan had been discussed with them. They told us that they had a regular group of people that they supported so that they knew them well. Staff spoken with were able to describe the people they supported and were aware of their needs, choices and preferences. They commented, "[The manager] is brilliant at matching staff to clients. He considers lifestyle, interests and personalities. It really works" and "Even though I supported a person only a short distance away from a new client, I didn't go until I was introduced by my manager."

We looked at three people's care files. All contained an initial assessment, care plan and risk assessments that had been carried out by the manager. The care plans were based on the individual support needed and gave detailed and specific information on the actions required of staff to ensure these needs were met and to promote people's independence and quality of life. The care files contained completed risk assessments as necessary.

People supported by the agency, staff and the manager confirmed that care plans had been signed by the person receiving support to evidence their agreement. Copies of the signed care plans were kept in people's homes and were not available to view at the office base. We saw copies of the care plans held on the office computer, which did not carry the persons' signature. We saw evidence from the computer system that the manager had reviewed and updated care plans on a regular basis.

People supported by the agency and staff confirmed that the manager undertook regular home visits to make sure that people's needs were being met and to ensure they were available for cover and to support staff. All of the people spoken with said that the manager visited them to check they were happy with the support provided. One person commented, "I see [the manager] at least once a week, sometimes he picks me up from work just so we can have a chat." Another person told us "[The manager] visits [my relative] a lot. Sometimes he comes with their carer. He is always available and very supportive."

An on call system was in operation so that care and support workers had access to advice or support when needed.

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 spoken with said that they had no worries or concerns about the agency. Their comments included, "I have absolutely no worries. I am listened to and my views are taken into account," "I feel very safe with my carers, they put me first" and "I can phone [the manager] at any time. I know that he would sort out any worries I had. He is always asking me if I am alright." All of the people spoken with said that they felt safe with their carers.

Three care and support staff spoken with were able to describe the different types of abuse and were clear of the actions to take if they suspected abuse or if an allegation was made so that people were protected. Staff were clear of the responsibility to report any concerns to their manager. All of the staff spoken with said that they were confident they would be listened to and taken seriously.

Staff told us that they had been provided with training in safeguarding adults from the manager as part of their induction, and the training covered the Mental Capacity Act and Deprivation of Liberty (DOLs) so that they understood people's rights. We looked at the induction records to evidence that safeguarding was included. Staff also informed us that they had read and understood the written policies regarding safeguarding people to promote their understanding.

The manager told us that all staff were working through Skills for Care induction standards that also covered safeguarding people. Staff spoken with confirmed this. The manager confirmed that staff were working through formal safeguarding training as part of a 'Silver Box' training package which covered safeguarding people. We saw training records to evidence that staff had commenced their formal mandatory training. The manager gave assurances that the formal training in safeguarding would be prioritised for all staff.

The provider may find it useful to note that staff had not completed formal safeguarding adults training to ensure they had full knowledge to promote and uphold people's safety.

We saw that the agency had a policy on safeguarding and a copy of the Local Authority Safeguarding Procedures so that they were aware of important information to help keep

people safe.

The manager was aware of the need to report any incidents to us and the local authority in line with written procedures to uphold people's safety.

The agency offered a shopping service to people which meant that carers sometimes managed small amounts of money for some people. Staff informed us that this was only on occasions when people needed small items like milk or bread, and they did not undertake larger routine shops. The manager explained that staff purchased items with their own money, gave the receipt to the client and were then reimbursed by them. Staff spoken with were very clear of the procedures to follow to make sure people were protected. They confirmed that all transactions were recorded and receipts were retained and given to the person supported. We saw that these recordings were made in the 'daily records' section of the care plan to evidence that some items had been purchased on behalf of the person and a receipt had been provided in line with safe procedures.

The provider may find it useful to note that no separate and formal financial transaction records were available for staff to complete when transactions took place to fully promote people's safety and adhere to safe practices.

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

Staff spoken with confirmed that they had been provided with induction training from the manager. They said they were working through the Skills for Care induction standards that covered all mandatory training. In addition, the manager had prioritised End of Life training for staff so that they had the specific skills identified as needed to meet people's needs. We saw that a 'Quality Compliance System' was in place which provided relevant policies and procedures for staff. The staff spoken with told us that the manager had made sure they had read and understood these. He had also asked questions and checked their understanding as part of his observation visits.

The manager informed us that he had purchased the 'Silver Box' training package that covered all mandatory subjects such as moving and handling and safeguarding. The training package also included additional training on specialist subjects to enhance staff skills and knowledge. We looked at the training schedule which showed that staff were working through induction and End of Life training and saw that other training topics had been planned.

The manager told us that he had been in contact with the local authority training department and had organised formal moving and handling training for staff. We saw records to confirm this. The manager told us that two people supported by the agency had some moving and handling needs. He had arranged for relevant staff to be provided with training from an Occupational Therapist in relation to these people's specific needs. The staff spoken with confirmed this.

We spoke with staff about supervision and appraisal. Staff told us that the manager was very supportive and they had regular contact and met with him every two to three weeks. Staff said that the manager undertook 'spot checks' and visited clients whilst they were supporting them to ensure people's needs were effectively met. Staff also confirmed that they had undertaken an appraisal with the manager to ensure they were working effectively and for support.

Staff displayed a high level of commitment and pride in the agency. Their comments included, "[The manager] is exceptional. He has cultivated a team where support is

reciprocated. He puts clients and staff before the growth of his business," "His approach makes it ours and our clients business. There is nothing he does that doesn't take our opinions and views into account" and "The team has a pro- active, 'can do' attitude and we can all call on each other. We have never felt rushed and it has always been about having engagement and quality time with our clients. [The manager's] learning and teaching is amazing."

The provider may find it useful to note that no formal records of supervision were maintained to evidence that they had taken place and to ensure appropriate levels of support and guidance were provided to staff.

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

Reasons for our judgement

We found that there were some procedures in place to make sure internal systems were checked so that people were kept safe. We saw that a quality assurance policy and procedure were in place for the manager to follow. The manager acknowledged that the quality assurance system had not been fully implemented and gave assurances that this would be given priority so that he could evidence checks on records and systems had taken place, for example checks on financial transaction records and frequency of staff supervision. He told us that checks on care plans were undertaken as part of the reviewing process.

The provider may find it useful to note that no formal records of audits had been undertaken to ensure that systems and records promoted and upheld people's safety and welfare.

We found that questionnaires had been sent to clients and staff regarding the quality of service provision. Following receipt of the completed questionnaires the manager had audited these and met with staff to discuss a 'Sustain and Improve' action plan. We saw a copy of the action plan that showed consideration had been given to the first year of operation, and what people wanted to achieve in year two. The manager stated that it was his intention to provide the action plan on the agencies website so that people had access to this.

We found that actions had been taken in response to the 'Sustain and Improve' meeting to develop the agency. The manager and staff informed us that care coordinators, a learning and development coordinator and an administrator roles were being provided from within the existing staff team to support the running and growth of the agency.

All of the completed surveys seen were very positive. People had commented, "The care is magnificent, it has saved my life. My quality of life is 100% better" and "[My relative] loves her carers. I am impressed by their beliefs and values."

People told us that the manager regularly undertook 'spot checks' to people's homes so

that he could monitor the quality of service provision. The manager had not undertaken records of these visits as part of the quality assurance process but gave assurances that these would be undertaken for all future spot checks.

We saw that a complaints procedure was in place in the information pack provided to people so that they could voice any concerns. The procedure detailed the timescales for responses and the contact details of other relevant organisations should people wish to contact them. People spoken with said that they had no concerns but were confident that the manager would listen to them. The manager told us that no complaints had been received by the agency. He confirmed any complaints would be recorded, along with the actions taken and the outcome of the complaint so that these could be audited and any emerging patterns identified.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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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