

Palmerstone Homecare Ltd

Palmerstone Homecare

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service: Palmerstone Homecare limited is a domiciliary care agency that provides personal care to people living in their own homes. At the time of inspection 64 people were using the service.

People's experience of using this service

People received a safe service. Staff knew how to keep people safe and were knowledgeable of safeguarding procedures. Risks to people's safety were identified, assessed and appropriate action was taken to keep people safe. When people were at risk staff had access to assessments and understood the actions needed to minimise avoidable harm. There were always enough staff deployed to meet people's needs. Staff underwent relevant pre-employment checks that assured they were suitable to care for people made vulnerable by circumstances in their own homes. Medicines were administered and managed safely by trained and competent staff. The registered manager carried out audits of Medicine Administration Records (MAR).

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff were trained and supported to ensure they delivered effective care and support to people. This helped to ensure people received consistent and informed care, which they had agreed to.

Staff were respectful and caring towards people. Staff understood the importance of promoting equality and diversity. Staff knew how to communicate with people, which helped develop positive relationships with them.

People's care plans were personalised, and people were involved in decisions made about their care and support. People knew how to make a complaint about the service. Staff felt supported by the registered manager and other senior staff.

At our previous inspection we required further assurance that the service was sustaining all the improvements they had made. At this inspection we found that quality assurance systems were working more effectively. The registered manager was committed to developing and making continual improvements to the service.

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

Rating at last inspection

The last rating for this service was Good (published 03 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well led.

Details are in our well led findings below.

Palmerstone Homecare

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, 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 was made up of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert for this inspection had personal experience of caring for an older person living with dementia.

Service and service type: Palmerstone Homecare Limited is a domiciliary care agency. It provides personal care to people living in their own homes.

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 was an announced inspection as we needed to obtain consent from people to be contacted by our expert by experience. We also had to be sure someone would be at the office when we visited.

What we did:

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection we spoke with the registered manager, a quality assurance manager and seven members of care staff. We contacted seven people and two relatives by telephone to ask for their feedback.

We looked at six people's care records including their medication records and daily notes. We looked at three staff files. We reviewed training and supervision records and documents relating to the management of the service including complaints and compliments, minutes of meetings and quality audits. We also contacted professionals that had experience of the service.

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 this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Individual risks to people had been assessed and guidance was available to staff on how to support people safely. Any changes to people's needs was shared with staff and people's care records updated.
- An out of hours on call system was in place which staff could use to ring a senior member of staff at any time if they needed additional support or guidance on how to support people safely.
- People were usually supported by regular care staff who knew them well including any risks. Staff we spoke with were able to demonstrate they knew the risks to people and what to do to keep them safe. For example, one care staff member told us, "When you give [named person] food you must sit with them as they might choke, they need to be seated upright with a drink by their side and we must sit close to them."
- Staff received training in pressure care to support people to maintain healthy skin. People's skin was assessed when they joined the service and was regularly monitored. If people were identified at risk of skin breakdown, appropriate measures were put in place, for example, regular skin checks, completion of body maps, supporting people with repositioning and applying creams as prescribed.
- There were systems in place to record accidents and incidents. Body maps were kept in people's homes. If staff noticed injuries or skin tears these were recorded and reported to the office who made a referral to the district nurse for advice and treatment.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe using the service. A person told us, "Yes very safe, I know they are always there, they are alert if anything happens, I feel they are there for me. A relative said, "They seem so caring, they do things in an organised way, [person] is frail and they get them up from the chair with the frame, when they go from room to room they always follow them."
- Staff had been trained in safeguarding, knew the signs to look for that people might be being abused and how to report concerns. A staff member said, "I have had training in safeguarding; If I observed a person becoming withdrawn or saw bruises. I would raise it with the office but if nothing is being done would take it higher, report to the local authority or to you CQC."
- When staff joined the service, they received a staff handbook which included the company policy on safeguarding. Staff also had a copy of the whistle-blowing policy. This provided information to staff on how to report concerns of poor practice in the workplace.
- The management team understood their safeguarding responsibilities and reported concerns to the local authority, police and CQC as required.

Staffing and recruitment

- Sufficient staff were available to meet the needs of people who used the service. People were usually supported by regular carers to provide continuity of care. One person told us, "They have never missed a

call, they have been very late but never during the week, they struggle at the weekend, the times vary from 7.30 to 11 depending on where they are, but they arrange the times with me in advance." Another person said, "They always let me know if they are running late."

- The registered manager had provided us with an action plan that identified that they were aware of the late calls. The action plan recorded what the service were doing to improve this.
- Feedback from people showed that having regular care staff was important to them and had a positive impact on the care and support they received. For example, one person told us, "Both my carers have been with me quite a long time." Another person said, "I like there is a regular carer who is always here, punctual and has genuine care and concern for my [family member]."
- Safe recruitment processes were in place including taking up references and completing the necessary checks to make sure staff recruited were suitable to work with vulnerable adults.

Using medicines safely

- Systems were in place manage people's medicines safely. Only Staff who were trained and assessed as competent administered medicines. Staff told us checks on their competency to administer medicines was regularly undertaken.
- People had medicine administration records (MAR) which had been signed by staff to show that people had been given their medicines. Gaps on the MAR were explored during the audit process to make sure people received their medicines as prescribed.
- Regular audits of medicines were completed to check people were receiving their medicines safely. Where medicine errors were identified these were thoroughly investigated and appropriate action taken, for example, staff received supervision and re-training when poor practice was identified.

Preventing and controlling infection

- Staff received training in infection control and the staff handbook reminded staff of good practice principles, such as the importance of hand-washing. Staff had access to protective clothing such as gloves and aprons to prevent the spread of infection.
- People told us that staff wore gloves and aprons when appropriate, for example, when giving personal care or preparing food.

Learning lessons when things go wrong

- The registered manager completed regular audits of all aspects of the service including safeguard concerns, accidents and incidents, missed and late visits to learn lessons and minimise the risk of re-occurrence. A thorough investigation was completed, and appropriate actions taken, including staff disciplinary procedures if required. The registered manager told us an action plan was now in place following feedback from people to improve communication practices between people and the service.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had an assessment of their physical and mental health, social, cultural and emotional requirements before using the service. This ensured staff had enough information to meet people's needs and wishes.
- Information gathered from the assessment was then used to create a person-centred support plan, which was updated as and when people's needs changed. This information considered people's strengths and included information about people's communication needs and how best to support people to make choices.
- People's protected characteristics under the Equalities Act 2010, such as age, disability, gender, religion and sexual orientation were identified as part of the assessment.

Staff support: induction, training, skills and experience

- When new staff joined the service, they received a comprehensive induction which included learning about company policies and procedures, completing mandatory training and shadowing more experienced staff to learn about the job role and people's individual needs. One person said, "I like the way the carers are trained, they know exactly what they are doing, they know how to handle me, they know how to hoist me and make me comfortable in my chair, they are trained in that procedure, they seem very efficient in all they do."
- All new staff were required to complete the care certificate, made up of a set of standards care workers should follow. This represents best practice when inducting staff into the adult social care sector.
- Staff were supported to be competent in their role through provision of regular training which was a mixture of E-learning and classroom-based training for the practical aspects such as catheter care and moving and positioning people. A staff member told us, "I do have a lot of training from Palmerstone. At the moment I don't need any because all my training is in date."
- Staff received regular supervision, observations of practice and an annual appraisal which was used to monitor staff performance and support staff to develop professionally and identify any learning needs. A staff member told us, "They have been really good. I have come across a lot of issues lately and they have been very supportive. I had supervision last week."

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care

- Where it was part of an assessed need staff supported people to have enough to eat and drink which met their needs and preferences. One person said, "They do all my food and drink, I do my own shopping online, so I choose what I want, and they prepare it, I choose what I am going to have each day."
- Where people were identified at risk of malnutrition or dehydration, food and fluid charts were kept to

monitor people's intake. This information was shared with relevant health care professionals as required.

- One person who used the service had a Percutaneous endoscopic gastrostomy (PEG) in place for their eating and drinking needs. All staff who provided support to this person had received training in PEG.

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Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People's care plans held information on their health needs so that staff had guidance on how to support people to stay well. One person told us, "They check my skin every morning and every time they get me out of the chair."
- The service worked in partnership with health professionals such as occupational therapists, GP's and district nurses to support people to maintain their health and wellbeing. For example, where a person had lost weight and their sling no longer fitted them, the service made a referral to occupational therapy for a review of their needs.

Ensuring consent to care and treatment in line with law and guidance

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. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- Staff had received training in the MCA and understood the importance of asking for people's permission before providing care and support.
- People's care plans identified if people needed support with decision making and who should be contacted to be involved in any best interest decision.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were caring and treated people well. People described staff as being kind, caring, helpful and attentive. One person told us, "They are helpful and kind, we have some good conversations which is important, I get on with [staff], very well, I feel I can talk to them." Another person said, "The carers make me feel like their friend not their client."
- Staff we spoke with understood the importance of establishing effective relationships with people and knew how to communicate and support people in the way they understood. A staff member told us, "[Person] was unable to speak, although their [family member] told us about them, we still chatted to them and explained what we were doing."

Supporting people to express their views and be involved in making decisions about their care

- People received regular reviews including a welfare check which was used to check people were happy with the service and to give people the opportunity to express their views and be involved in decisions about their care.
- We saw people's care plans had been signed by people to indicate their consent. This showed that people were involved in the care planning process.
- People's communication needs were identified with guidance for staff to make sure people were supported to express their views.

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of respecting people's privacy and dignity. One member of staff told us, "When I do personal care, I always ask permission, I will check the door is closed and close the curtains and cover [named person] with a towel." A person told us, "They always respect me."
- People's level of independence was detailed in their care plans, such as their ability to tend to their own personal care needs, take their medicines and cook their own meals. A relative told us, "They are very caring of [person] and mindful of their privacy and dignity, they let [person] wash what they can."
- Staff told us they were aware of the importance of confidentiality. They knew they had a responsibility not to share confidential information with unauthorised persons.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People had care plans which were written in a personalised way and included information on people's life history, interests, likes and dislikes. This information helped staff provide care and support to people the way they liked it. A person told us, "I put the care plan together with Palmerstone, we went through what I need help with each day."
- Records showed care plans were reviewed regularly to ensure they were up to date and reflected people's current needs and wishes. One person when asked if their care plan was reviewed said, "Yes not that long ago."
- Staff had a good knowledge of the needs and preferences of the people they visited. A staff member told us, "It is important to involve people in their care, ask what they want and what they prefer."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Support plans contained information about people's communication needs. One care plan recorded. "[Person] has a communication system in place which they control with their hand, they would like carers to be patient. Also observe body language and eye contact."
- The registered manager was aware of the accessible communication standards and told us of ways in which the service was meeting the standards. Information could be made available in an accessible format depending upon people's needs.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and people received a service user guide which provided them with information on how to complain. One person told us, "I would complain, I was satisfied because they acted upon a query immediately, there was an issue with the carers, about three months ago."
- There were systems and processes in place to respond to complaints. Complaints were logged and responded to appropriately including carrying out investigations and taking any necessary actions to improve care quality.

End of life care and support

- The service supported people to have their end of life care needs met and staff received training in end of life care.
- Where people had a 'Do Not Attempt Resuscitation' order in place (DNAR) this was identified during the

initial assessment and recorded in the person's care plan.

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 requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care

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

- Feedback from people described good outcomes. One person told us, "They seem to do a decent job, they are polite in the office." Another person said, "They are always friendly and helpful."
- Staff were positive about working at the service. One staff member said, "Since I have been with Palmerstone I have learned a lot and seen how they refresh our training. We arrive mostly on time. They are super-efficient. They support carers well. A happy carer always delivers the best care. I think Palmerstone give that. That why I have been with them such a long time." Another staff member said, "Anytime I phone with a concern, I always have quality assurance come out. I always feel supported."
- The registered manager had a good understanding of what was required to meet the regulations. They and the staff understood their responsibility to be open and honest if an accident or incident had occurred.

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

- The registered manager had a good oversight of what was happening in the service. During the inspection the registered manager told us that they were no longer using their electronic monitoring system due to an issue they had identified with it. They informed us they were trying to identify a replacement system. They continued to keep a close eye on missed and late calls and told us missed calls have reduced rather than increased. They used an alert system for people that might be at risk if a call was missed within their business continuity plan.
- The management team completed various audits to assess safety and quality assurance. They reviewed, for example, accidents and incidents, care files, staff records and medication.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were involved in making decisions about their care and felt in control of the way their care was provided.
- Staff had received training in equality and diversity. They understood the importance of treating people equally and respecting and valuing people's differences.
- The registered manager sought people's feedback in various ways, such as surveys and quality assurance visits.
- People and relatives did have mixed views about both late calls and communication. This had been

identified by the service and action plans were in place to improve both areas.

- The staff team met to discuss people's care needs and to make suggestions for improving care. Staff told us their suggestions were listened to, and staff were aware the manager was looking at different monitoring systems.