

Palm Tree Home Care Limited

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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?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

Palm Tree Home Care Limited provides care and support to mostly older people, who live in their own homes. The services provided include personal care and domestic work in Paignton and Torquay.

The provider of the service also worked as the registered manager in day to day charge of the service. 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 2008 and associated Regulations about how the service is run.

We visited the office on 27 October 2015. At the time of this announced inspection 37 people were using the service. This service was registered in May 2014 and this was the first inspection.

Summary of findings

People and their relatives were positive about the way staff treated them. Each person we spoke with told us their care workers were kind and compassionate. Comments included “We’ve seen a significant improvement in the care since Palm Tree took over”; “They’re (staff) all lovely, always so caring”; “We feel so much better with their support, we’re so glad we’ve got them”. People told us staff never rushed them and always checked whether they could do anything else to support them. People were happy and relaxed when we visited them in their homes. Staff treated people with respect and kindness. People responded to this by smiling and engaging with staff in a friendly way.

People and their relatives told us they felt safe when they received care. People told us ‘I feel safe, I know the staff’ and “There’s nothing to worry about”. We saw that staff ensured people had their pendant alarm on in case they needed to summon help. People told us staff were careful to ensure their homes were secured on leaving.

People had a regular team of staff who had the appropriate skills to meet their needs. Comments included “I have regular staff who go above and beyond. They take initiative, if anything needs doing, they do it”; “They co-ordinate what’s needed”; “We have a committed and skilful care worker” and “They know where everything is”.

People told us staff were usually on time. One person said “They can’t help it if they get delayed with the person before”. Staff told us they had enough time to travel between visits. One staff member said “I only have to travel for five to ten minutes as my round is close together”.

Staff knew people well and were able to tell us how they supported people. During a home visit, we saw staff responded to people’s requests and met their needs appropriately. People told us they received support that was personalised to their needs. Staff were aware some people were at risk of becoming socially isolated. One staff member said “When people don’t have any family at all, we may be the only person they see that day. It’s nice we can spend time and chat”. One person told us “I look forward to them coming, it gives me a purpose”.

Safe staff recruitment procedures were in place. This helped reduce the risk of the provider employing a person who may be a risk to vulnerable people. People

were protected by staff who had completed safeguarding training and knew what to do if they were concerned that a person was being abused. Where the agency had been involved in a safeguarding process, this had been well managed. A healthcare professional told us the service supported the person throughout the process and handled it very sensitively.

Risk assessments had been undertaken and included information about action to be taken to minimise the chance of harm occurring to people and staff. Where people were supported to have their medicines this was done safely. People had received their medicines as they had been prescribed by their doctor to promote good health.

People told us the registered manager knew them well and often spoke with them or visited them. The registered manager was working towards the Level 5 Diploma in Leadership and management. A healthcare professional told us the registered manager was very good at communicating with them. Staff told us the registered manager and seniors were very approachable. Comments included “Any problems we can go straight to them”; “(The registered manager) provides brilliant support”; and “When I had a personal emergency, they came straight out and supported me. They 100% care”.

People and their relatives felt able to raise concerns or make a complaint if the need arose. However, everyone we spoke with told us they had no complaints. Comments included “No complaints whatsoever” and “If there’s ever a problem I can ring them and it’s sorted straight away”.

The provider had systems in place to assess and monitor the quality of care. The service encouraged feedback and used this to drive improvements. Monthly reviews showed people were asked about the quality of the service. A quality assurance survey was sent to people in August 2015. The service received 25 responses. All of these people said they were ‘happy’ or ‘very happy’ with the care and support they received. Some people were not sure if they had been involved in their care plan. The registered manager responded to people and offered to go out and meet with them.

The registered manager was keen to improve the service. They were able to describe the improvements they planned to make in the next 12 months in the provider

Summary of findings

information return. When we asked people, relatives and staff what could be improved, no one was able to suggest anything. Comments included “It’s all perfect as far as I’m concerned”; “I think they’re doing really well”; “It couldn’t be better” and “I can’t fault them”.

Summary of findings

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 safe.

People and their relatives told us they felt safe when they received care. Staff ensured people were safe and their homes were secure on leaving.

Risk assessments had been undertaken and included information about action to be taken to minimise the chance of harm occurring to people and staff.

Safe staff recruitment procedures were in place. This helped reduce the risk of the provider employing a person who may be a risk to vulnerable people.

Good



Is the service effective?

The service was effective.

People had a regular team of staff who had the appropriate skills to meet their needs.

Staff knew people well and were able to tell us how they supported people.

Staff completed training and had the opportunity to discuss their practice.

Good



Is the service caring?

The service was caring.

People and their relatives were positive about the way staff treated them. Care workers were kind and compassionate.

People were happy and relaxed when we visited them in their homes. Staff treated people with respect and kindness.

Good



Is the service responsive?

The service was responsive.

Staff responded to people's requests and met their needs appropriately.

People told us they received support that was personalised to their needs.

People and their relatives felt able to raise concerns or make a complaint if the need arose.

Good



Is the service well-led?

The service was well-led.

The registered manager knew about the needs of the people who used the service. People and staff found the registered manager and senior staff approachable.

The provider had systems in place to assess and monitor the quality of care. They had considered how they could improve the service in the next 12 months.

People, relatives and staff were not able to suggest anything that could be improved.

Good



Palm Tree Home Care Limited

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 visit took place on 27 October 2015 and was announced. The provider was given

48 hours' notice because the location provides a domiciliary care service and we wanted to make sure staff were available to speak with us. We made telephone calls to people on 2 November 2015.

One social care inspector carried out this inspection. Before the inspection, the provider completed a Provider Information Return (PIR). This was a form that asked the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

On the day of our visit, 37 people were using the service. We used a range of different methods to help us understand people's experience. We spoke with ten people and two relatives. We visited three people in their homes. We spoke with four staff, the registered manager, and received feedback from two health care professionals.

We looked at four, care plans, medication records, three staff files, audits, policies and records relating to the management of the service.

Is the service safe?

Our findings

People and their relatives told us they felt safe when they received care. People told us 'I feel safe, I know the staff' and 'There's nothing to worry about'. Staff were aware of the need to maintain security in people's homes. We saw they ensured people had their pendent alarm on in case they needed to summon help. Some people had key safes installed outside of their homes. This allowed staff access to people's homes when people were unable to open their doors. People told us staff were careful to ensure their homes were secured on leaving.

Staff had received training in safeguarding vulnerable adults. Staff knew how to recognise signs of potential abuse and understood how to report any concerns in line with the service's safeguarding policy. They also carried safeguarding cards with contact telephone numbers for external agencies, on the back of their identity badge. Staff told us they felt confident the registered manager would respond and take appropriate action if they raised concerns. The registered manager told us if they had any safeguarding concerns they would raise these with the local authority safeguarding team. Where the agency had been involved in a safeguarding process, this had been well managed. A healthcare professional told us the service supported the person throughout the process and handled it very sensitively.

Risk assessments had been undertaken and included information about action to be taken to minimise the chance of harm occurring to people and staff. For example, one person was at risk of falls and had fallen causing an injury to themselves. Their relative told us how they had met with the registered manager, care staff, occupational therapist and hospital staff. They discussed the risk of falls and potential hazards in the person's home. As a result, the relative and care staff moved the person's bed downstairs so that they lived on one level. The relative felt the service had thought ahead about what would keep the person safe.

People had the opportunity to manage their own medicines if they wanted to and if they had been assessed as safe to do so. People who needed staff to administer their medicines were supported safely and told us they

were happy with the support they received. We saw staff give one person their medicines. Staff offered the person a drink when taking their medicines. Staff completed medication administration record (MAR) sheets after they had given the person their medicines. MAR sheets were fully completed. This showed people had received their medicines as prescribed to promote good health. On one occasion a staff member had not worn their gloves when administering a person's eye drops, to reduce the risk of cross infection. The registered manager had followed this up with the staff concerned to minimise the risk of it happening again.

Recruitment practices were safe and relevant checks had been completed. This helped reduce the risk of the provider employing a person who may be a risk to vulnerable adults. The registered manager told us some concerns had been raised previously over their recruitment practice. An independent audit of staff files was carried out and this identified a shortfall. The registered manager had taken action and contacted the CQC for advice to ensure they met the regulation.

The provider information return told us staffing levels were constantly monitored to ensure people's needs were safely met. Staff confirmed the service employed enough staff to carry out people's visits and keep them safe. The service did not take on new care packages if they did not have sufficient staff to cover all of the visits. The registered manager told us staff and the management team covered visits if staff were off work at short notice.

Staff told us they had enough time at each visit to ensure they delivered care safely. People told us the service was reliable. People told us they had no need to worry as staff always arrived for them.

There was an on call system for people to ring in the event of an emergency out of office hours. The on call system was managed by senior staff and management. The registered manager told us they would go out at anytime if people needed help.

There were arrangements in place to deal with foreseeable emergencies. For example, extreme weather conditions. The provider had a system in place to ensure visits to vulnerable people were prioritised.

Is the service effective?

Our findings

People had a regular team of staff who had the appropriate skills to meet their needs. Comments included “I have regular staff who go above and beyond. They take initiative, if anything needs doing, they do it”; “They co-ordinate what’s needed”; “We have a committed and skilful care worker” and “They know where everything is”.

Staff told us they were happy with the training. One staff commented “They’re very good on training”. The service had an office space where staff could attend to make it easier for them to access training. Staff told us they had completed training in areas relating to care practice, people’s needs, and health and safety. Staff had recently completed dementia training. Certificates to confirm training had been completed were kept in staff’s individual files. Staff told us they were encouraged to gain further qualifications and complete diplomas in health and social care.

New staff completed the care certificate. This certificate is an identified set of standards that care workers use in their daily work to enable them to provide compassionate, safe and high quality care and support. The registered manager told us they spent time with the staff member, discussing each section of the certificate, giving them the opportunity to ask questions.

New staff worked alongside experienced staff to observe how people had their care delivered. People and experienced staff were given the opportunity to feedback to the registered manager. This meant the registered manager could be sure the new staff member was providing good quality care.

The provider information return told us the service observed all staff to make sure they were giving good quality care and to address any further training needs. Staff told us they received regular supervision which included observations of their care practice. One staff member said “They’re really good, we get feedback”. Records of observations were seen in individual staff files. Regular staff meetings were also held. Staff told us they shared information and their practice so they met people’s needs and preferences. For example, at a recent meeting they had

discussed any issues, medicines management, and health and safety. All the staff told us they felt well supported. Comments included “They’re always there at the end of the phone” and “The support is brilliant”.

The registered manager told us no one using the service lacked capacity to make decisions in relation to their care. They had a good awareness of the Mental Capacity Act 2005 (MCA). This legislation provides the legal framework to assess people’s capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. The registered manager explained if a person lacked capacity to make certain decisions, a mental capacity assessment would be carried out. They had the appropriate assessment forms available. Staff had completed training in the MCA and had pocket size information cards with the five principles everyone must follow when using the act. Staff gained consent from people before carrying out personal care and respected people’s choices. One person commented “They always ask for permission to provide care”.

People were supported to access healthcare services. One person told us how staff had noticed a health concern. The staff member called the district nurse and arranged for them to visit the person. A healthcare professional told us they had been involved with a person. They said the person had regular care staff who knew them well. The staff were very observant, reported concerns to the GP, and ensured the person got a home visit. The healthcare professional added that the service did exactly what was asked of them and dealt with any issues. Another healthcare professional told us the service worked well with them and reported concerns appropriately.

Staff supported some people to choose and prepare their meals. Staff knew people’s food and preferences and how to support people to make healthy meal choices. We observed a staff member showing a person living with dementia a choice of two meals for their lunch. A menu with options for the person’s tea was available. The staff member said this gave the person more variety throughout the week and included soup, baked beans, scrambled egg, and sandwiches. Staff left a plate of snacks for the person

Is the service effective?

to eat during the afternoon. Another person told us “They always make sure I have a drink by my side”. Staff knew to contact the office if people did not eat enough or they had any other concerns in relation to eating.

Is the service caring?

Our findings

People and their relatives were positive about the way staff treated people. Each person we spoke with told us their care workers were kind and compassionate. Comments included “We’ve seen a significant improvement in the care since Palm Tree took over”; “They’re (staff) all lovely, always so caring”; “We feel so much better with their support, we’re so glad we’ve got them”. People told us staff never rushed them and always checked whether they could do anything else to support them.

The provider information return told us when the service recruited staff, they ensured they were right for the role, “Individuals who are caring, have compassion, empathy and integrity”. Staff spoke about people with compassion and concern. Staff comments included “I love my job, I do it from the heart” and “I go to lovely people; knowing you make a difference to their lives, makes the job worthwhile”. People and relatives commented “They phone to make sure I’m ok”; “They deserve recognition” and “They’ve developed a really good relationship with (relative’s name), who feels they genuinely care for them”. One relative told us how care staff had visited a person whilst they were in hospital. When one person’s meals were not delivered to their home as ordered, the registered manager went out and bought food for them. They also contacted the company to arrange for meals to be delivered.

People told us staff treated them with respect and kindness. Staff engaged with people in a personalised way.

During a home visit, we saw staff and people interact in a friendly manner. Staff clearly knew the person well and had developed a warm engaging relationship with them. The person was happy and relaxed in the company of the staff who were supporting them. Staff explained what they were doing and ensured the person was comfortable. At the same time, they chatted about television and sport. The person enjoyed talking about when they used to play sport.

Staff respected people’s privacy and dignity. Comments included “I feel very comfortable with them” and “I am very happy with my bath”. Staff completed training to help ensure they understood how to respect people’s privacy, dignity and rights. Senior staff observed their practice to make sure they used these values within their work. Staff described how they would ensure people had their privacy protected when undertaking personal care tasks.

Relatives were kept informed of people’s care. One relative told us the care staff phoned them every week, giving very good feedback. When the person had been unwell, they had contacted the relative straight away.

Staff tried to reduce people’s anxieties and distress. During a home visit, staff confirmed who would be visiting the person later that day. Another person became anxious when the clocks went back and it was dark. The agency responded by moving the visit forward so it was not so dark outside.

The service had received compliments from people and their relatives thanking the staff for their care and kindness.

Is the service responsive?

Our findings

People's needs were assessed before they started to use the service. Care plans were then developed with the person. They described in detail the support the person needed to manage their day to day health needs. Staff knew people well and were able to tell us how they supported people. During a home visit, we saw staff responded to people's requests and met their needs appropriately. People told us they received support that was personalised to their needs. One person commented on having support with their personal care "It was a big step to take but I'm so glad I did".

People's care was reviewed monthly. People told us senior staff had visited to review and discuss their needs. One person said "The managers come around every now and then to make sure everything is alright".

People told us staff were usually on time. One person said "They can't help it if they get delayed with the person before". Staff told us they had enough time to travel between visits. One staff member said "I only have to travel for five to ten minutes as my round is close together".

Staff were aware some people were at risk of becoming socially isolated. One staff member said "When people don't have any family at all, we may be the only person they see that day. It's nice we can spend time and chat".

One person told us "I look forward to them coming, it gives me a purpose". The service had signed up to the 'Silver Line' befriending service. This is a national initiative of volunteers who aim to reduce loneliness and improve the lives of older people. Staff at the service would come into the office to use the telephone to chat with their Silver Line friend for half an hour each week. They fed back any concerns or actions to the managers of the befriending service.

People and their relatives felt able to raise concerns or make a complaint if the need arose. They were confident their concerns would be taken seriously. People had a copy of the service's complaints policy in their care plan file. This provided information on how to make a complaint. However, everyone we spoke with told us they had no complaints. Comments included "No complaints whatsoever" and "If there's ever a problem I can ring them and it's sorted straight away".

The service sought regular feedback from people who used the service. Monthly reviews showed people were asked about the quality of the service. A quality assurance survey was sent to people in August 2015. The service received 25 responses. All of these people said they were 'happy' or 'very happy' with the care and support they received. Some people were not sure if they had been involved in their care plan. The registered manager responded to people and offered to go out and meet with them.

Is the service well-led?

Our findings

The provider of the service also worked as the registered manager in day to day charge of the service. The registered manager was working towards the Level 5 Diploma in Leadership and Management. They had a clear vision; to ensure all people and staff were happy and well looked after, and to make sure people were safe in their own surroundings. People told us the registered manager knew them well and often spoke with them or visited them. A healthcare professional told us the registered manager was very good at communicating with them.

The provider information return stated “We promote transparency with all our staff and have an open door policy which encourages them to seek advice if they have any concerns or issues”. Staff told us the registered manager and seniors were very approachable. One staff member commented “Any problems we can go straight to them”.

The service employed four seniors. The senior staff carried out observations, care plan reviews, and monitored the paperwork in people’s homes. Two seniors were responsible for the Torquay area; the other two were responsible for the Paignton area.

The provider information return stated “We believe in making our staff feel valued and this in turn reflects on how they provide care to our service users”. Staff told us “(The registered manager) provides brilliant support”; and “When I had a personal emergency, they came straight out and supported me. They 100% care”.

Staff’s behaviour towards each other, people and their relatives reflected the service’s vision and values. Staff told us they enjoyed their work “It’s a really nice team, we’ve all got each other’s phone numbers and we keep in touch”; “We all get on really well” and “We work as a team. We’ve all got to be on the same page, it’s important to meet people’s needs”.

The registered manager was keen to improve the service. They were able to describe the improvements they planned to make in the next 12 months in the provider information return. For example, they planned to introduce a staff award scheme to recognise good practice, invite speakers to team meetings to increase knowledge, and put an electronic call monitoring scheme in place to ensure visits were completed and staff were safe. When we asked people, relatives and staff what could be improved, no one was able to suggest anything. Comments included “It’s all perfect as far as I’m concerned”; “I think they’re doing really well”; “It couldn’t be better” and “I can’t fault them”.

Audits were carried out to monitor the quality of the service. Visit records and medicine administration records were checked to ensure they were completed correctly. In relation to staffing, recruitment and training records were monitored. Unannounced checks to observe staff’s competency were carried out on a regular basis.

The registered manager had notified the Care Quality Commission of a significant event which had occurred in line with their legal responsibilities.