

Petts Wood Homecare 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

This announced inspection took place on 26 and 28 October 2015. We told the provider two days before our visit that we would be coming, as we wanted to make sure the office staff and registered manager would be available. At the last inspection on 29 April 2014 the service was meeting all the legal requirements we inspected.

Petts Wood Homecare Limited is a domiciliary care service providing support for people living in their own homes in the borough of Bromley. They provide care and support to older people, service user's living with dementia, physical disability and or sensory impairment. At the time of the inspection there were 30 people using the service. There was a registered manager who had been there since the service started in 2012. A registered

Summary of findings

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.'

People told us they felt safe from harm and well cared for by the service. Staff had received training on safeguarding adults, so they knew the signs of possible abuse. Possible risks to people were identified and guidance was in place to reduce risk. There were suitable arrangements to deal with emergencies.

There were enough care workers and office staff to meet people's needs and the provider followed safe recruitment policies. Staff received suitable training and support to carry out their roles. People were asked for their consent before care was provided and staff were aware of their responsibilities under the Mental Capacity Act (2005). People's dietary needs were met, where they needed support to manage this. The service linked with health professionals to ensure people's changing health needs were addressed.

People told us that care workers were caring and kind and often went out of their way to support them. Most

people had a small group of care workers, who they said knew their needs and preferences well. People told us they were treated with respect and dignity and that they were involved in decisions about their care.

People had an assessed and written plan of care available in their homes; these were up to date and people told us they reflected their needs and individuality. People said they were involved in reviewing the plans and that any changes were updated in the care plan. There was a complaints procedure and people knew how to raise a complaint.

People and their relatives told us the service was well run, efficient and provided consistent care. It was a small service with a stable management team who were themselves delivering some direct care and were therefore familiar with people's needs. There were robust communication systems about people's needs and staff felt well supported in their roles. New systems to monitor the quality of the service had been recently introduced, as the service had started to grow. People told us they were asked for their views about the service and felt listened to. The provider had an openness to listen to feedback and consider any improvements that could be made.

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 told us they felt safe using the service. Staff received appropriate training about safeguarding people from abuse and knew how to raise an alert. There were systems in place to manage the administration of medicines, where this was required.

There were adequate numbers of staff employed and risks to people who used the service were identified and addressed to minimise the likelihood of them occurring. Procedures were in place to deal with emergencies and staff had received appropriate training.

Good



Is the service effective?

The service was effective.

People told us their consent was sought before they received care. Staff understood the requirements of the Mental Capacity Act (2005) Code of Practice and acted in line with this.

Care workers had received adequate training and refresher training in line with the provider's guidance. They told us they were supported in their roles. There was a suitable induction for new staff which included a period of shadowing.

Where needed people were supported to have enough to eat and drink. Their health needs were monitored and they were referred to relevant health professionals if their needs changed.

Good



Is the service caring?

The service was caring.

People told us the care workers were kind, considerate and focused on their individual needs. They said they were happy with the care and support they received. We saw the staff team worked to make sure that people had consistent care with the same group of care workers as far as possible.

People and their relatives said that they were involved in planning for their care, and their preferences and wishes were respected. They confirmed there was a written plan of care at home that they were in agreement with. Staff made detailed records of the care provided.

People told us their dignity was always respected and that care workers helped them to be as independent as they wanted to be.

Good



Is the service responsive?

The service was responsive.

People's needs were assessed and they had a plan of their care and support that addressed their individual needs. People said they consistently received the right kind of care and support to meet their needs and care workers were attentive to any required changes.

People felt their views were listened to and issues were addressed. There was a suitable system to deal with complaints.

Good



Summary of findings

Is the service well-led?

The service was well led.

People told us the service was well managed and efficient. Staff understood the aims of the service and told us they felt their views were listened to. There was an effective communication system to ensure staff were aware of any changes.

There were systems to monitor the quality of the service and act on ways to make improvements.

Good



Petts Wood Homecare 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 was planned to check 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.

The inspection took place on 26 and 28 October 2015 and was announced. We told the provider two days before our visit that we would be coming. We did this because we needed to be sure that the manager would be in when we inspected.

Before our inspection we reviewed the information we held about the service which included any enquiries; we also spoke with the local authority who commissions some contracts with the service.

The inspection team consisted of one inspector 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.

On 26 October we visited the office for the service; we spoke with the registered manager and the nominated individual who are responsible for running the office. We looked at six support plans and five staff files as well as records related to the running of the service such as the service guide, policies and procedures.

On 28 October we visited five people who use the service to ask them for their views. As part of the inspection we also spoke with five care workers by phone. The expert by experience spoke with eight people who used the service or their relatives.

Is the service safe?

Our findings

People and their relatives told us they had confidence in the safety of the service. One person told us “I feel very safe with them. They watch out for me and check I have everything I need before they go. All the little details are thought about. That’s what makes it safe.” A relative said “It feels very safe, it’s reliable, the staff are gentle and kind and can’t do too much for you. The office check up to see things are done properly.” Another relative commented “Yes, they’re safe and very competent.”

Staff had completed adult safeguarding training and understood their responsibilities and what might indicate a safeguarding concern. They were aware of the provider’s whistle blowing policy and what to do if they felt they needed to use this. There had been no safeguarding alerts raised in respect of the service since the service was registered in 2012.

There were systems to ensure people received their care on time. The service had recently invested in a new electronic system that allowed for call monitoring so that the office staff could see if any care workers were running late for calls and check they stayed the full length of time. There were no missed or late calls on the day of the inspection. People told us the care workers were usually on time and the office contacted them if there was a problem. They said care workers stayed the full length of the call. One person told us “They’re on time and no, there is never a missed visit.” Another person said “If they need to they will stay a bit longer if needed to make sure we are all sorted.” There was an on call service run by the service to help maintain continuity at weekends and at night. Staff told us there was always a prompt response from the person on call if they rang for any advice.

Risks to people were identified and plans made to reduce the likelihood of these occurring. There were arrangements to manage any emergencies. People had emergency on call numbers when they started to use the service. Checks were made for any environmental risks and office staff knew people’s needs very well and were aware of who needed to be prioritised in any emergency. Care workers had all received first aid and health and safety training and knew how to react in an emergency. Individual risks were identified, assessed and guidance provided for staff on how to reduce the risks. For example any health risks, or, if someone needed support to mobilise a manual handling

risk assessment was completed. Risks to people’s skin integrity were identified and care workers were provided with guidance on how to reduce the risks. Risk assessments were reviewed; for example a new manual handling risk assessment was completed if someone’s mobility changed and if new equipment was needed to help transfer someone staff had received training on its use from an occupational therapist. There was an accident and incident book for staff to record any accidents or incidents and we noted that none had been recorded since the last inspection.

Required recruitment checks were conducted before staff started work for the service. Staff files contained a completed application form with a full employment history, evidence confirming references had been obtained, proof of identity checked and criminal record checks carried out for each staff member. There was evidence of prospective employees being involved in a thorough recruitment process and this was confirmed by care workers.

Where people were supported with their medicines, there were arrangements to ensure this was done safely. People told us they received and were assisted to take their medicines when needed. Medicines administration records detailed the medicines prescribed and the records were returned to the office to be checked for any errors or omissions. Where people were prescribed patches to relieve pain we saw detailed records were kept to ensure the patch was rotated as prescribed. Staff received medicines awareness training and we saw they were being booked to attend additional medicines training. Staff told us that their competence to administer medicines was checked during their induction although there was no detailed record of what had been assessed. However, new competency checks for all staff were in the process of being completed at the time of the inspection, to ensure staff understood the new forms and had the necessary skills to safely administer medicines.

People told us there were sufficient numbers of staff to meet people’s needs. They confirmed that they had a group of regular carers and that any holidays or sickness was covered by the service without a problem. Care workers told us they had sufficient time to travel between calls and that there were enough of them to provide care and support to people using the service.

Is the service effective?

Our findings

People told us they thought the care workers were competent and knew what they were doing. One person told us “The girls all know what they are doing. They seem well trained.” A letter of thanks to the service complimented the staff on being “highly qualified, top of the range.” Another person said “Yes, they are competent. This one (who came today)’s very, very good.” However one relative commented that some new staff were not as familiar and had needed reminding to do things.

Care workers told us that they had received plenty of training to enable them to carry out their roles. One care worker told us “We get loads of training. You can always ask if you want more training and we talk about it in supervision.” Another care worker said “The company are very good about training. I have done training on dementia and Parkinson’s and am attending a course on pressure area care soon.” Care workers confirmed they received regular supervision and found this supportive. We saw from records that supervision included discussion of any training needs.

Care workers records confirmed that training was provided on a range of topics the provider considered essential such as safeguarding adults, mental capacity, first aid and medicines administration. Other training was also sourced for areas such as dementia and pressure area care. Three staff appraisals were overdue but we saw these were booked to be completed soon and the manager had introduced an appraisal planner to ensure these were kept up to date in the future.

New staff were provided with an induction period of shadowing and training. Care workers who had recently joined the service told us they had been well supported to learn their new roles through their shadowing experience and training. The registered manager told us they were in the process of changing over to the Care Certificate for new staff and this was confirmed from records. The Care Certificate is a new nationally recognised qualification for people working in health and social care. The manager told us that the period for shadowing varied depending on the care workers needs and if they recognised areas for further development before the care worker went out on their own. One care worker told us “This was my first job in the care service and I had about 2 months shadowing to be sure I was ready and knew what I was doing.” However,

there was no record of the shadowing tasks completed or to identify if further support was needed. Care workers told us they were observed completing aspects of the job while shadowing and we saw an identified training need raised as a result with a care worker needing further manual handling training. This had been provided promptly. We raised the absence of a record of the shadowing with the manager and they introduced a new checklist during the inspection to record what tasks a new staff member had completed and to identify if they needed any further support in any area.

There were arrangements to comply with the Mental Capacity Act 2005 (MCA 2005). This provides protection for people who do not have capacity to make decisions for themselves. People or their relatives told us they were asked for their consent before care was provided. One person told us “Of course they always ask before they do anything.” Another person said “They ask me if I am ready to get up and they check if I am happy with what they are doing.” Care workers told us they had received training on the MCA 2005. They understood the need to gain consent when they supported people and told us where someone may have difficulty in communicating they looked for nonverbal signs that the person was happy with the care and support provided. One care worker said “If someone didn’t seem to be ready to get up I would do something else first make them a cup of tea and try again.”

The manager and care workers understood the need to assess people’s capacity to make specific decisions and that where they observed deterioration in people’s capacity to make a decision they may need to speak to relatives and or health professionals in their best interests. Records confirmed that this was acted on when needed in compliance with the law.

People told us their nutritional needs were met where this was part of their planned support. They said they were asked about their preferences and were not rushed to eat. Care plans included guidance for staff about people’s nutritional requirements and any allergies. Where people were not able to communicate there was guidance about their likes and dislikes. Care workers recorded how much people ate or drank when they provided care. They told us any concerns about people’s eating patterns would be documented and they would notify the office who would, where needed, speak with relatives or health professionals to ensure the changes were communicated. We saw

Is the service effective?

detailed guidance was provided for care workers where a risk of choking was identified and this included guidance from a speech and language therapist. The information was clearly displayed in people's care plans at their homes so that unfamiliar staff would see it.

Care workers had received training in food safety and were aware of safe food handling practices. They told us they offered people a choice of food where possible and had a good knowledge of any allergies as well as people's preferences. Any changes in people's needs were communicated to them by the office and they said the care plan was updated promptly.

The service worked with health professionals to ensure people's health needs were met. People's healthcare needs

were discussed when they joined the service and these were included in their care plan to inform staff about their needs. Care records contained details of how to contact relevant healthcare professionals and their involvement in people's care, for example, information from the GP or district nurse. Staff told us they would notify the office if they noticed people's health needs changed. Records confirmed office staff contacted the GP and or relatives when a change was identified, and additional support from healthcare professionals was sought, where needed, to help people maintain good health. For example the service worked closely with occupational therapists around any identified changes in mobility and with a local hospice staff when needed.

Is the service caring?

Our findings

People and their relatives were consistent in their positive descriptions of the care provided. Most people told us they had a small group of care workers that provided care and knew them well. One person told us “As far as I am concerned it’s all perfect.” A second person commented “Everybody’s been wonderful. I’ve no complaints at all. Everything’s fine.” A relative told us “I think (my family member) is very happy. He’s never had better care and is enjoying it.” However, two people told us that there had been an increase in the number of different carers they had and they preferred to keep to a few regular ones. We spoke with the manager about this and they told us as they had increased in size new care workers had been employed to meet people’s needs and this had led to a few changes in staff. Their aim was to give people continuity and to have a small a number of staff involved as possible.

People told us their dignity and privacy was respected. One person said “They [staff] couldn’t be more friendly, kind and considerate. Dignity and respect.. Totally.” Another person told us “I found the personal care very difficult, but they’ve got such a straightforward and compassionate way to do it. They are always in conversation with us in a very friendly manner.” Staff described to us how they tried to preserve people’s dignity during personal care. Their responses showed detailed knowledge of people’s needs and preferences.

People’s individual identity was respected and care plans identified where needed if they required support to meet

their needs with regard to their disability, race, age and religion. For example there was guidance for staff about people’s communication preferences if they experienced sensory impairment. People’s preferences about their care were recorded so that any unfamiliar staff would have a clear picture of how to deliver care. Care plans also included a pen picture of

people’s history, where people wished to provide this, to help care workers engage in conversation when they provided care. A relative told us, the care workers “Have discovered (family member’s) interest in trains and talk about it; the way they are with (my family member) the flexibility is fantastic.” Another person told us “Yes, the staff are very thoughtful. It’s all the extra little touches.” Staff responses to our questions showed detailed knowledge and respect of people’s needs and preferences.

Staff told us they were encouraged to feedback to the office new information about people’s preferences for example any changes to food preferences or aspects of personal care routine.

People confirmed they were provided with information about the service when they joined and that their views were asked for when their support plan had been drawn up. We saw the Service User Handbook was available in people’s homes. The manager confirmed this was given to people when they joined the service. People told us they felt involved in planning their care and that their views were listened to.

Is the service responsive?

Our findings

People told us they had an assessed plan of care to meet their needs and this had been drawn up with them and or their relatives. We saw people's plans were accessible in their homes for staff to be able to follow. One person told us "The girls always check the care plan and they keep it up to date." People confirmed the plan was an accurate guide to their needs so that in an emergency unfamiliar staff would be able to follow it. One person told us "I call it my bible. It's all in there and if anything changes they put it in there."

We saw that a planned assessment of people's needs was conducted when people joined the service. The manager told us that where possible care workers were introduced to people before they started to work with them to check that people felt comfortable before care and support was provided. However this was not possible to achieve if requests for support were more immediate.

People's support and care needs were identified within their plan. They included any mobility needs, health needs, personal needs, cultural background and religion. The support needed to meet people's needs was detailed on a laminated card in people's plans. For example support with mobilising or guidance on support with personal care. Where the local authority funded the care the service liaised with them about any identified changes in needs, for example, if they felt they might need a longer or shorter call to meet their needs. Care workers told us the office was very efficient about updating them with any changes to people's needs. One care worker told us "They are very good like that. I have worked with other agencies before but this agency is very good at keeping you informed about any changes and acting on any issues you raise, like if

people need new equipment." People confirmed that the care workers made an accurate record of the care and support provided. One person said "They're meticulous about writing what they've done."

People told us that care workers and office staff regularly checked if they were happy with the care plan. Care plans were reviewed every 6 months or earlier if people's needs changed. A relative told us, "They ask us what we want and we have reviews.... I've recommended them to my friends." Another person said "Immediately after the first few weeks, the manager came round and asked if we were happy with the care." People confirmed that where there had been changes in their needs the plan had been updated with them. For example one person told us how their support was decreased due to improvements in their health and mobility. One person told us "We sat and talked about how well I was getting on and what I could manage to do myself. I do like to be as independent as I can." A relative told us "They have been so helpful with the setting up of the care plan and giving advice. The care and support was just what I needed; their flexibility has been a real help."

People told us they had not needed to make a complaint but knew what to do if they needed to. One person said "I would tell them if I had a concern, and the manager is always available to talk to." Service user guides were provided with information on how to make a complaint and who to refer to if you were unhappy with the outcome. There had only been one complaint since the service started and we saw this had been investigated and resolved. The action taken as a result had been recorded although, there was not a full record of the investigation completed to help address patterns if other complaints were made and help ensure that responses were provided in line with the complaints policy. We spoke with the manager about this and they told us they would ensure a full record of any future complaints and actions taken would now be kept.

Is the service well-led?

Our findings

People were complimentary about the way the service was organised. They told us they thought the service was well run and efficient. One person said “I would give the service my highest commendation. They are well organised, efficient and know what they are doing.” Another person told us “It is a well-run service. We never have any problems and the girls go out of their way to help.” We saw a letter of thanks that commented a “True balance between professionalism and friendliness.”

Staff told us they thought the service was well led. They said there were very clear and effective communication channels between them and the office to ensure people received their care as planned and any changes were notified and recorded. One care workers told us “The service is wonderfully organised and fair. Communication is excellent. I have worked in a number of agencies and the service provided here is marvellous and professional. I haven’t been as happy in a job for a long time.” Another care worker said “The management listen to your views and encourage you to give your views about care and support to people. They work alongside us sometimes. They are very quick to act if there are any changes needed to people’s care.” A person who used the service commented, “The staff have a strict code and very high standards.”

All the care workers told us they were very happy in their work, understood the values of the service, to provide high quality care and said they gained a real sense of job satisfaction from delivering this. Staff meetings were held at regular intervals and we saw that minutes included positive feedback to staff about care provided as well as advice or reminders about improvements that could be made to improve consistency. For example about monitoring and recording people’s food intake where

needed. Care workers were given a staff hand book as a guide to remind them about the service policies and procedures when they were out. They told us there was always someone available on the end of the phone to provide advice in any emergency at any time.

The registered manager was aware of their responsibilities as registered manager in relation to notifying CQC about reportable incidents. We were told there had been no reportable incidents since the last inspection. People were complimentary about the management and liked the fact they were involved in providing care at times. One person said “Overall, they’re friendly competent people serving the local community.”

There were processes to monitor the quality of the service. The manager and nominated individual both delivered hands on care at times throughout the week. They told us they felt this meant they could directly quality assure the service by observing staff and obtaining feedback from people who used the service. The daily log records and MAR charts were returned to the service at regular intervals to be checked to ensure that support was being provided as planned. Recommendations to record keeping from a local authority commissioning visit were being introduced.

The service had recently started to carry out spot checks on the care workers to ensure consistency and quality was maintained. No issues had been identified as yet but the manager told us when they were they would be discussed in supervision. Surveys were carried out on an annual basis to obtain people and their relatives views of the service. The most recent survey had been completed in February 2015 and the returned surveys showed no issues. Those returned gave positive feedback. For example one survey stated “I would like to add that all members of your staff have been very good.” The manager told us the surveys were analysed for any learning.