

Penwith Care Ltd

# Penwith Care

## Inspection report

71 Fore Street  
Hayle  
Cornwall  
TR27 4DX

Tel: 01736797909  
Website: [www.penwithcare.co.uk](http://www.penwithcare.co.uk)

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28 May 2019

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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: Penwith Care provides people with personal care in their own homes. At the time of the inspection the service provided support for approximately 130 people. The service provided support for people in three areas: Penzance, Hayle/Carbis Bay/ St Ives and Camborne/ Redruth areas. The service worked with mostly elderly people.

People's experience of using this service:

The service had safeguarding systems in place, and staff had received suitable training about recognising abuse. People said they felt safe.

Appropriate risk assessment procedures were in place so any risks to people and staff were minimised.

Staff were recruited appropriately. Staffing levels were satisfactory, and people received timely support from staff when this was required.

People received suitable assistance with their medicines. Staff received training in medicines management.

The service had appropriate procedures to ensure any infection control risks were minimised.

The registered manager was able to demonstrate the service learned from mistakes to minimise them happening again.

The service had suitable assessment and care planning systems to assist in ensuring people received effective and responsive care.

Staff received suitable induction, training and supervision to assist them to carry out their work.

People received suitable assistance, when necessary with their shopping, meal preparation and help to eat and drink.

People received suitable support from external health professionals, and were encouraged to live healthier lives.

Staff encouraged people to have choices about how they lived in line with legal guidance.

People said they received support from staff which was caring and respectful. Care promoted people's dignity and independence. People were involved in decisions about their care.

People felt confident raising any concerns or complaints. Records showed these had been responded to

appropriately.

The service was managed effectively. People and staff had confidence in the registered manager.

The service had suitable systems to monitor service delivery and bring about improvement when necessary.

The team worked well together and had the shared goal of providing a good service to people who used the service.

The service worked well with external professionals, and other organisations to provide good quality care.

Rating at last inspection: Rating at last inspection: 'Requires improvement.' (published on 25 May 2018.)  
The service was last rated 'Good' in the report dated 13 April 2017.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to make improvements to the service.

Why we inspected: We completed this inspection to check whether suitable action had been taken following the last inspection. The evidence found showed the service had met the breaches of regulation and at this inspection the service was rated Good.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

# Penwith Care

## 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 was completed by 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.

#### Service and service type:

Penwith Care provides people with personal care in their own homes. The service worked with mostly elderly people. CQC regulates the personal care provided.

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:

We gave the service notice of the inspection because we needed the registered manager to meet with us, and to arrange for us to have consent to visit people in their own homes.

The inspection site visit activity started on 24 and 28 May 2019. We visited the office location on both dates.

#### What we did:

The provider had completed a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at other information we held about the service and provider before the inspection visit.

During and following the inspection we spoke with 14 people to ask about their experience of the care provided. We spoke with six relatives. We had written contact with 15 members of care staff. We spoke with the registered manager, the owner of the service and to other administrative and managerial staff.

We reviewed a range of records. This included five people's care records, and medicine records. We also looked at five staff files around staff recruitment. We also looked at other records in relation to training and supervision of staff, records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider.

# Is the service safe?

## Our findings

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

Good:  People were safe and protected from avoidable harm. Legal requirements were met. Improvements had been made to ensure recruitment checks were suitably carried out

Systems and processes to safeguard people from the risk of abuse

- Everyone we spoke with said they felt safe. For example, someone told us, "Yes I feel very safe... I know exactly who is coming and that is very good." A relative told us, "Most definitely... I have no concerns about safety."
- The provider had effective safeguarding systems in place and all the staff we spoke with had a good understanding of what to do to make sure people were protected from harm or abuse.
- Records demonstrated staff had received safeguarding training.
- The provider has appropriately used multi agency safeguarding procedures if they have had a safeguarding concern and CQC was informed by the provider as necessary.
- People we spoke with told us that if they didn't feel safe they would speak with a member of the care staff or the manager and felt sure they would help them solve the problem.

Assessing risk, safety monitoring and management

- Risk assessments were in place to reduce the risks to people and staff and guidance was provided.
- Managers carried out a health and safety assessment of people's homes to ensure the person being supported, and staff supporting them were safe. This was through the completion of a risk assessment regarding a person's needs, and a risk assessment of their property.

Staffing and recruitment

- Overall, we judged there were enough staff to support people's needs. People said they did not think staff were not over rushed, and their needs were met.
- People told us staff mostly arrived for visits on time. There were sometimes delays but people said these were mostly due to delays due to addressing the needs of previous clients, or traffic. One relative however said lunchtime visits could be "very variable" in terms of arrival. Another relative said if they were not contacted, if a carer was due to be late, this could be "Very frustrating." These matters was discussed with the registered manager. The provider's internal survey also highlighted some issues around punctuality.
- People said there had not been any missed visits. People said staff stayed for the correct time they were allocated.
- Staff were allocated paid travel time. We received some comments from some staff which stated that time allocated to travel from one appointment to another was sometimes not sufficient. This was discussed with the registered persons.

We recommend the service reviews travel times between care appointments , so staff have satisfactory time to travel to appointments, and punctuality of staff arrivals are improved.

- Staff were recruited safely to ensure they were suitable to work with people. For example, in respect of staff who started to work at the service since the last inspection, a suitable recruitment procedure (including obtaining a Disclosure and Barring check, obtaining references) was completed.

#### Using medicines safely

- Systems for assisting people with their medicines were safe. Staff were trained and deemed competent before they administered medicines. Suitable records were kept when staff were involved in assisting people with this area of their care.
- When medicines were prescribed for use 'when required' there was sufficient information for staff to administer these medicines effectively.

#### Preventing and controlling infection

- Staff were provided with protective equipment such as gloves, hand gel and aprons.
- People were positive about staff approaches to infection control. Staff were described as always smart in their uniforms, and "They always wear gloves and wash their hands without fail."
- Staff received suitable training about infection control and food hygiene.

#### Learning lessons when things go wrong

- The registered manager said when there are accidents or incidents these are reviewed to see if any learning can come from what had happened to minimise the risk of it occurring again.
- The service had previously experienced a short period of staff shortage due to sickness. The registered persons said acted appropriately during this crisis. Although assistance was required from the local authority, the impact on the majority of people was minimised. The registered persons said they learned from this experience in terms of future emergency and contingency planning
- The registered provider said after the last inspection, where the service was rated as 'requires improvement', management addressed shortfalls CQC highlighted, and reorganised the management structure to ensure improved monitoring of regulatory compliance.



## 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

Good: □ People's outcomes were consistently good, and people's feedback confirmed this. Improvements had been made to ensure induction and training provision had been improved.

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

- The registered manager told us a face to face assessment was always completed with people wanting to use the service before it was agreed the agency could support the person's individual needs. Discussion took place with those who knew the person well, and where possible written reports were obtained from those who worked with the person.
- Assessments of people's needs were detailed, expected outcomes were identified and care and support were reviewed when required.

Staff support: induction, training, skills and experience

- Most staff had records to demonstrate they had received appropriate induction and training. There were some gaps in records. For example, there was not always a certificate on file to verify training identified on the service's 'training matrix' was completed. This was discussed with the registered manager, and we were assured records would be improved.
- New staff who had not worked in the care sector previously were supported to complete the Care Certificate. The Care Certificate is made up of industry approved standards. Staff new to the care sector are strongly encouraged to complete this induction framework.
- Staff we spoke with said they had received appropriate training to carry out their roles, so they could support people to a good standard. We were told "Most training is on line," but staff raised no concerns about current provision, and we were told "It is useful and informative."
- People and their relatives thought staff were well trained and professional. For example, we were told, "They know what they are doing, and new staff are always shadowed by someone."
- Staff told us they had received some one to one supervision from a senior member of staff to provide feedback about their work. Staff also said they had received spot checks, when providing care for people in their homes. Records showed the majority of staff had received one supervision session in 2019.
- The registered manager said staff who had been in post for a year or more received an annual appraisal. However, records supplied were limited for us to be able to validate appraisals occurred.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they were supported appropriately with shopping, meal preparation, and to have regular drinks in a timely manner.
- Where necessary arrangements were made to change the texture of foods and liquids to reduce the risk of

choking as advised from dieticians in people's care plans.

- People we spoke with told us meals prepared were enjoyable and food was served at the correct temperature. We were told staff cleaned up appropriately afterwards.
- Where necessary arrangements could be made to monitor people's food and fluid intake to minimise the risk of obesity or malnutrition, and dehydration. Records were kept about what people ate and drank to ensure this was monitored.

Staff working with other agencies to provide consistent, effective, timely care

- Staff responded to people's health care needs. People told us staff called their doctor if they felt unwell. Where necessary people received suitable support to arrange appointments, or visit other health professionals such as dentists, opticians and chiropodists.

Adapting service design, decoration to meet people's needs

- The service had suitable office facilities which were accessible for people with physical disabilities.
- The registered provider showed us a new training facility which was due to be opened which would enable staff to receive improved in house, face to face training.

Supporting people to live healthier lives, access healthcare services and support

- The service had suitable links with a range of health care professionals such as GP's and the district nurse team.
- Where staff assisted people with any health care support suitable records were kept within the person's care file.

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 with appropriate legal authority.

- A signed record was kept to confirm people who used the service consented to receiving care from the registered persons.
- The registered manager told us that currently, none of the people who used the service lacked capacity to make decisions about their care.
- The registered manager said staff always worked in a manner to encourage people to make as much choice about their care as possible.
- Records confirmed staff had received training about the Mental Capacity Act and Deprivation of Liberty Safeguards.

# 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

Good:  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

- People told us they were treated with kindness and were positive about staff attitudes. We received feedback from people which supported this. People told us, "(They are) fantastic carers, nothing is too much trouble," "I am so impressed with them," and, "They are polite and friendly, we have a good laugh." A member of staff said, "Carers really do go the extra mile to supply person centred care."
- People received suitable support with their equality and diversity needs. For example, if people had a physical or sensory disability their needs were outlined in their care plan, and it was identified what support was required.
- People we contacted all confirmed nothing had ever gone missing, "They are totally honest," and trustworthy.

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

- People told us they felt listened to about their day to day care for example how they wanted staff to carry out their care, and what they wanted to eat. One person said, "When they are washing me they always say, 'Is that alright?' and 'Is that okay?'"
- People and /or their representatives said they had been involved in care planning and decisions about their future.

Respecting and promoting people's privacy, dignity and independence

- People were treated respectfully, and staff spoken with were committed to providing the best possible care for people. A staff member told us, "Clients are very well cared for. I feel staff go out of their way to care for them."
- People's dignity and privacy was respected. For example, people told us staff were discreet when asking people if they needed help with their personal care. We were told, "They are very respectful, they always make sure (my relative) has dignity especially with personal care."
- People said the staff encouraged them to be as independent as possible. When staff left the person at the end of the call we were always told they left people's homes free of trip risks, and essential items near at hand.

## Is the service responsive?

### Our findings

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

Good:  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

- Staff were knowledgeable about people. Care plans contained relevant and up to date information about people's needs. For example, the person's health and social care needs, and the subsequent support staff needed to provide them with.
- Care plans and other care records were regularly reviewed and updated as necessary.
- People had a comprehensive client file in their homes. This included information about the philosophy of the service, a care plan and risk assessments, daily and other relevant care records, and information how to make a complaint.
- Staff knew how to communicate with people and ensured they used their knowledge about people when supporting people to make choices. Currently people did not require information in other formats such as a pictorial form. This is a requirement by the Accessible Information Standard. We were told staff or relatives would read out or verbally inform people of relevant information if necessary (for example personal correspondence, service information) or the service would explore other options for effective communication.

Improving care quality in response to complaints or concerns

- People who we spoke with said they all felt confident that if they did make a complaint it would be dealt with quickly. Everybody we spoke with said they knew how to make a complaint and who to speak with.
- We saw that any written complaints had been investigated and addressed providing the complainant with a formal response. Someone told us, "I made a complaint a while ago. They were very good and very apologetic and (it) never happened again."
- The complaints procedure was provided to people within their care file.

End of life care and support

- None of the people who used the service currently required end of life care.
- When people required end of life care, the registered manager said these needs would be outlined in the person's care plan, and suitable links would be made with other professionals such as GP's and district nurses.
- The registered manager said staff would be provided with on line 'End of Life' training when this was required.

## 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

Good: □ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered persons said they aimed for the ethos of the service to be "Person centred and to provide care at times that suited people."
- The registered persons believed people should always be given a choice about the gender of staff members supporting them with personal care. Where possible care was only provided by a small group of carers. For example, one person said, "I have the same ones (carers) unless they are sick. I know all the carers." If the person was unhappy with a carer, carers would be changed so good relationships could be maintained.
- Staff spoke positively about the registered manager and felt they were supportive. Staff members said, "Totally approachable," and "Great support."
- Systems were in place to monitor staff arrived and stayed the correct amount of time for care appointments.
- The service had an effective rostering system to ensure all contracted care appointments were scheduled and minimise the risk of visits not being allocated.

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

- The service had a registered manager. The owner of the service was also actively involved in the management of the service. Other managerial and supervisory staff were employed to ensure the smooth running of the agency. Managerial and supervisory staff had clear responsibilities so ensure the organisation was operating effectively. Staff were positive about management. For example, we were told "Management are great," and "I believe this company really cares."
- People and their representatives were positive about communications with office staff. For example, we were told they were: "Very efficient, and very helpful." One relative suggested a member of the management team visited people and their representatives "At least annually to say 'hello', and this would add 'a personal touch.'"
- Staff received regular updated information about people's needs and organisational issues through an encrypted mobile phone application.
- There were effective systems in place to identify concerns with the quality and safety of care. The registered manager ensured that when any concerns were found action was taken to make improvements.
- The registered persons had a system of 6 monthly spot checks on each member of staff to ensure care was

delivered appropriately.

- The registered persons had taken action to comply with the regulatory requirements. They had ensured that their rating was displayed at the service. The registered manager had notified us about events which happened at the service.

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

- People received a copy of the rota, outlining who would be supporting them, on a weekly basis. One relative however said a copy of this was not always provided. This matter was discussed with the registered manager.

Systems were in place to inform management if staff were running late and take suitable action to inform the person of delays or provide people with alternative carers if this was necessary.

- The service completed an annual survey to check the views of people and staff about the service. The results of the last survey were positive.

Continuous learning and improving care

- The service had a system of audits, for example in respect of the management of the visit monitoring arrangements, training and supervision, accidents and incidents, and care records and planning.
- The registered manager positively encouraged feedback and acted on it to continuously improve the service, for example the day to day care received by people at the service.
- Staff told us that they felt able to raise issues with the registered manager if they had any concerns about how the service was run, or people's care.

Working in partnership with others

- The service had good links with statutory bodies such as the local authority, GP's and district nurses. The registered manager said there was good partnership working with the objective of maintaining, and as necessary improving people's wellbeing.
- People had opportunities to maintain positive links with their community, families and friends.