

Jamadia Ltd

Pinnacle Brit

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Pinnacle Brit is a domiciliary care agency. It is registered to provide personal care to both younger and older people, some with disabilities and dementia living in their own homes. At the time of our inspection the service was providing care to 37 people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

Where there were risks to people's safety and wellbeing, most of these, but not all, had been assessed. However, risk assessments did not always include a risk management plan or guidance for staff to follow to help ensure they understood the person's condition and knew how to meet their needs.

Whilst we found some important guidance for staff was missing, people's care plans set out the care tasks they required help with, and these contained some personalised information about people and their preferences for how they liked to be supported.

There were systems and protocols in place to monitor the quality of the service provided. However, feedback from people and relatives was sometimes negative about time keeping, length of time spent during the call and consistency of care workers. The provider had recently installed an electronic system to monitor care workers attendance at calls, but more time was required for the new system to embed and become fully effective.

Notwithstanding the above, we also received some positive feedback from people and their relatives about the service, and people told us they generally felt safe and well cared for.

The provider undertook spot checks, visits to people and sought feedback from them and their relatives. They addressed concerns and worked with the staff team to develop the service. People and staff knew how to raise any concerns they had with the registered manager and felt they would be listened to.

The registered manager and senior staff were responsive to and worked in partnership with health and social care professionals for people's' well-being.

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

This service was registered with us on 13 February 2020 and this was the first inspection.

Why we inspected

The inspection was prompted in part due to concerns received about the care and support people received and the way the service was managed. We decided to inspect and examine those risks. This focused inspection which included the key questions of safe, responsive and well-led.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We have identified breaches in relation to person centred care, safe care and treatment and good governance at this inspection.

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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Pinnacle Brit

Detailed findings

Background to this inspection

The inspection

This was a focussed inspection to check on specific concerns we received about the care people received and how the provider managed the service.

Inspection team

The inspection was carried out by one inspector, and an Expert by Experience undertook telephone interviews with people who used the service and relatives. 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

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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 24 hours' notice of the inspection. This was because we needed the provider to inform people and seek their consent to be contacted and we wanted the registered manager to be in the office to support the inspection.

The registered manager was unable to attend the office location. We gathered information and made calls to people and relatives using the service and rearranged the site visit to 2 December 2020 when the registered manager could support the inspection.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from commissioners before our inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we

inspected the service and made the judgements in this report.

During the inspection

We attempted to speak with 17 people and relatives who used the service. We spoke with two people who used the service and five relatives about their experience of the care provided. We spoke with the registered manager and met the operations manager, field supervisor and administration officer. We spoke with four care workers following the site visit.

We reviewed a range of records. This included four people's care records and their associated records including medicines records and daily logs. We looked at four staff files in relation to recruitment, training and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- The provider had appropriately identified and assessed most risks to people's health and safety such as the risk of falls, as well as the environment they lived in. Risk assessments covered a wide range of concerns and were rated to show if the risk to the person was high, medium or low. However, we noted not all risks to people were identified and there was a lack of staff guidance in some instances.
- There were no COVID -19 risk assessments undertaken to determine when people were at greater risk because they were from a black, and minority ethnic (BAME) background, health concerns or age. This was a shortfall because measures might not be identified to keep people safe from harm.
- We saw not all concerns were adequately risk assessed and care plans lacked guidance for staff. It was stated in one person's care plan they suffered from epilepsy. There was no other information in the plan about this condition and no evidence of actions by the provider to understand how seizures may present, what the level of risk was to the person and what actions staff should take in the event of a seizure.

The provider had not always robustly assessed the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- Improvements and embedding of systems was required to ensure people's experience of receiving care was a positive one.
- People and relatives told us staff attendance at calls was varied. Whilst some were satisfied with the service, others felt improvement was required or the service had only recently improved in the week of inspection. Four people and relatives spoken with reported the times care workers arrived at calls were variable. One person had experienced a missed call but felt the service they received usually was good.
- Some people and relatives told us staff did not stay for the full time. Their comments included, "Ten minutes they are in and out," another person told us, "One time it was five minutes." People said they did not always have the same care workers. One person stated, "I have two different ones [Care workers]. I don't know from day to day who is coming but [Named staff] is super." There was praise for some care workers. Comments included, "[Care worker] asks and says tell me if you want me to do anything else...they are a very happy person...not rushed."
- The registered manager told us they had adequate staff to meet all care calls and had a bank of staff

available for more work should they be required. All staff spoken with told us there were enough staff to meet people's support needs and enough time to travel between care calls, so they were not rushed. Their comments included, "There is enough time, when they do the rota, they keep us in one area, so I feel there is enough time to do all the calls."

- The registered manager had introduced an electronic call monitoring system which supported the office team to monitor staff time keeping and attendance at calls in real time. This system was being rolled out and was at the time of inspection being used in about 60% of the care calls. The registered manager demonstrated they had already been successful in investigating complaints using the system's data. Once embedded this system would support the office team to monitor and address the type of concerns people had raised with us. We saw also regular spot checks took place, negative feedback was investigated and concerns addressed.
- The provider had a recruitment protocol they followed to ensure they recruited staff in a safe manner. Staff completed an interview and undertook a literacy test to help ensure their aptitude for the caring role. Checks to confirm suitability included, a criminal records check, identity and right to work in the UK.
- References were sought from previous employers. When a written reference was not forthcoming a verbal reference was recorded on a tick box form. We noted that, whilst in all instances reviewed this form recorded the phone call made to previous employers and commented on suitability, the signature boxes had not been signed by the registered manager or office staff. Following the site visit the registered manager reviewed the recruitment protocol to ensure all verbal reference records would be completed robustly going forward.

Using medicines safely

- The sample of medicines administration records (MARs) reviewed were completed without error and there was clear guidance for staff. MARs were audited each month by the office staff to identify gaps and errors.
- Staff had received medicine administration training and were observed by the field supervisors to ensure they were competent. Care plans reviewed contained clear guidance for staff about where medicines were stored, who administered the medicines and who was responsible for re-ordering prescriptions.
- People told us staff administered their medicines appropriately. Their comments included, "Yes, they have a book they mark off they have given it to [Family member]," and "They do this ... I check the MARs sheet as well ... they even go as far as picking the medication up for [Family member]."

Preventing and controlling infection

- The provider ensured there were policies and procedures which included guidelines about working safely with COVID-19. Staff received training in infection control and the use of personal protective equipment (PPE).
- Staff had completed infection control training and received reminders via the staff application (App). The office staff prior to the inspection had completed observations of the donning and doffing of PPE with the care workers to ensure they were using PPE effectively.
- Staff told us they were provided with adequate PPE supplies and confirmed they had received infection control training. They described during their care calls they used masks, aprons, gloves and shoe covers.
- People confirmed care workers wore PPE when they provided personal care. Their comments included, "Oh yes, apron, gloves and masks all the time," However, two people reported staff did not always wear aprons, stating for example, "Mask and gloves no aprons." We brought this to the registered manager's attention. The registered manager told us each care worker had been provided with a uniform, three changes each. This was to support good infection control practice and avoid wearing their own clothes into people's homes to minimise the risk of cross contamination.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to identify, report and investigate safeguarding adults' concerns. They reviewed daily records, medicine administration records, complaints and incident and accident reports to ensure concerns had been reported appropriately.
- People told us they felt safe with their care workers. One person told us how their care worker always came and said hello to them in a polite and friendly manner. Relatives' told us, "Yes, absolutely very kind," and "Yes, I think [Family member] is fine." One person found they did not feel so safe when they could not understand their care worker and asked us what language they spoke. This indicated perhaps care workers were conversing in another language to each other. We brought this to the attention of the registered manager to address with the care workers.
- Staff confirmed they had received safeguarding adults training and knew what to do if they had a concern about a person receiving care. One staff member told us, "If you had a concern, you must report to the manager, if they don't take it up, then you must report up through the hierarchy, you have to make sure something is done."

Learning lessons when things go wrong

- The registered manager had investigated safeguarding adult concerns, and measures were put in place to prevent a re-occurrence. This had included, reviewing policies and improving systems. We saw for example following a medicines error, the medicines administration policy and procedure was reviewed, and staff were observed to ensure competency.
- When an incident had taken place and a person was found fallen the moving and handling protocols were reviewed. Lessons learnt were shared with staff both individually and in staff meetings.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement.

This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans generally were comprehensive and reflected the commissioned service. However, we noted some omissions.
- One person's care plan briefly noted a catheter had been put in situ following a medical procedure. There was no further reference in the care plan to clarify if the catheter was still in situ. Furthermore, there was no guidance for staff about catheter care and no risk assessment stating what symptoms might indicate an infection or a blockage and what actions they should take. We noted the person's pre-assessment notes in June 2020 referenced the catheter, but this had not been included in the care plan information for staff.
- Another person was described as having a grade 2 pressure ulcer in their information from the commissioning service but there was minimal guidance in their care plan about what actions care workers needed to take to support the healing process to prevent the ulcer worsening or to maintain good skin integrity once the ulcer had healed. Although the care plan stated, "Managed by cream," it did not state what cream, when and how it should be applied. There was no guidance as to what to do should the wound worsen.

The above a breach of regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Notwithstanding the above, staff told us they had access to people's care plans both via a staff App and paper copy and knew what they were expected to complete during each care call. One staff member told us for example, "Yes, they all have a copy of their care plan in their home and there is enough information... it is clear what you need to do."
- The provider completed pre-assessment visits to check the information they had received from was correct and to ensure they provided care as the person wanted it to be provided. People and relatives spoken with confirmed they had met with one of the office team or registered managers and have been given choice about how their care would be provided.

Improving care quality in response to complaints or concerns

- People and relatives confirmed they knew how to raise a concern and had confidence their concern would be addressed. Their comments included, "Oh yes, [Knew how to complain], the name of their boss is called, [Registered manager] they came a few weeks ago to see me," and "In the first instance I would call the manager if there was a safeguarding concern and no, I haven't had to complain."

- The provider had developed a complaints policy and procedure. People and relatives had been provided with information, about how to raise a complaint both to the provider and other agencies should they feel their complaint had not been addressed.
- Complaints were recorded with outcomes. The registered manager looked at trends in the service. The registered manager had met with people and their relatives following any concern raised during spot check visits. They had investigated and taken measures to address the concerns raised.

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.

- There was a service user guide provided to each person using the service. People confirmed they found the information provided easy to read and informative. The registered manager told us they would provide alternative copies such as audio should this be required.
- During the recruitment process, staff were given a literacy test to help ensure they were able to communicate and understand people they supported.
- Care plans contained basic information about what equipment people required to communicate effectively. These referenced reading glasses and hearing aids.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Some of the people who used the service lived with relatives and were able to maintain relationships with their extended family. Those who lived alone were encouraged to take part in community activities, although, because of the pandemic, these had been put on hold.
- The registered manager demonstrated they had spoken with staff reminding them of the importance of taking time to talk with people during their visit. A care worker told us, "I'm always chatting and smile. I'm friendly with them and put on a smile every time."

End of life care and support

- At the time of our inspection the provider was not providing end of life care to people. There was a section in each care plan to record end of life wishes. In records reviewed it was recorded people currently did not wish to discuss their end of life arrangements.
- The registered manager told us should end of life care be required they would provide training to staff and would work in partnership with the GP and palliative care health team.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider had monitoring systems in place which included checks and audits about medicines, complaints, accidents and incidents, safeguarding, training and care plans. However, monitoring systems had not always been operated effectively and had failed to identify the issues we found. These included, risk management plans not being in place, the lack of guidelines for staff for some health-related conditions and verbal references not being signed as suitable by the management team.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider addressed shortfalls after the inspection. They confirmed relevant actions had been taken, such as ensuring person-centred risk assessments were developed. They also sent documents demonstrating they had reviewed the relevant care plans and provided staff with guidance.
- There were phone monitoring calls to service users and their relatives, spot checks and observations were carried out. This helped ensure staff were supporting people in a safe manner. Observations had included medicines administration, moving and handling and correct use of PPE. Spot checks included punctuality, if the care worker wore their uniform and treated people in a respectful manner. Where there were issues identified, this was addressed with both the individual and in staff meetings.
- The registered manager had invested in new electronic systems to support improved monitoring. This was not embedded at the time of the inspection but was in the process of being rolled out and would allow the office staff to monitor calls in, "real" time. In addition, the registered manager had reviewed the office team roles and recruited a second field supervisor who would supervise and monitor staff practice.

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

- People and relatives spoke did not always speak positively about the service received. As described earlier in the report there was some negative feedback about time keeping and one person felt rushed at times. However, most people and relatives spoken said they had been contacted by the registered manager and

office staff. They told us on most occasions they would be called back if they raised a concern. They felt comfortable contacting the office and found the registered manager approachable. Their comments included, "Yes' they contact me, I would give them nine and a half out of ten," and "I speak to them quite regularly... they haven't called me to check," and "Yeah they contacted me ...everything alright."

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

- The registered manager understood their legal requirement to report notifiable incidents to the CQC and to report safeguarding adult concerns to the local authority. They showed us where they had taken appropriate action and offered an apology when necessary and reimbursed people if something had been damaged by staff.

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

- The management team conducted home visits and monitoring phone calls with people and relatives who used the service so they could feedback about the care they received. We reviewed a number of these records and saw people were generally satisfied. Where there were some negative comments the registered manager met with the individuals and addressed the concerns.

- There had been recent care worker and office staff meetings where a range of subjects were discussed, such as COVID-19 and lock down, PPE use and the importance of good time keeping. Staff were supported through the use of the staff App where information was shared.

- The provider had a carers recognition scheme which celebrated good work practice and awarded a certificate for, "Carer of the month." In addition, there had been three staff newsletters published covering a range of topics. There were plans to expand the newsletter's circulation to people who used the service to share service updates, good news and helpful tips.

- Staff told us they felt supported by the office team and could contact them at any time. Their comments included, "We are well supported and yes receive supervision, we have weekly training," and "We are well supported, every time we work, they send us a message telling us what we need to do and what we need to improve. This includes PPE and other things to remember."

Continuous learning and improving care; Working in partnership with others

- The registered manager was experienced in domiciliary care. They described they had strong links with the commissioning authority with whom they were in regular contact.

- The registered manager kept well informed of changes in adult social care by attending meetings with the commissioning authority. They continued to attend training, so they remained up to date with best practice.

- They worked in partnership with health and social care professionals. This included the hospital discharge team, GPs, district nurses and occupational therapists.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider did not always ensure there was adequate guidance for staff to they could provide care and person centred care in a safe manner Regulation 9 (1)
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not always ensure all risk to individuals were assessed and guidelines put in place. Regulation 12(1)(2)
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have effective systems to assess, monitor and improve the quality of the services provided to service users. Regulation 17(1)(2)