

Pinnacle Caring Services Ltd

# Pinnacle Caring Services Limited

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection was undertaken on 22 and 23 August 2018 and was announced on both days. This was the first inspection since the service had been registered with the Care Quality Commission.

Pinnacle Caring is registered to provide personal care and support to people who live in their own homes. The agency office is based in Blacon, Chester and provides support to people within their local area. At the time of our inspection the service supported 10 people.

The service did not have a registered manager. The service has been without a registered manager for six months. A new manager had been appointed at the time of our inspection but had not commenced work. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers they are 'registered persons'. The registered persons have a legal responsibility to meet the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During this inspection we found a breach of regulation 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered providers audit systems had failed to identify areas for development and improvement that included DBS check, mandatory refresher training and supervision for staff. In addition, the registered provider had not undertaken regular reviews of daily care records.

You can see what action we told the provider to take at the back of the full version of the report.

Staff recruitment systems were not consistently robust to ensure only suitable staff were employed to work with the vulnerable people they supported. The service had a high turnover of staff and were undergoing further recruitment at the time of our inspection.

Support and supervision was not consistently undertaken in line with the registered provider's policy and procedure.

All staff had undertaken an induction which included shadowing more experienced staff at the start of their employment. Staff had all completed essential training however they had not consistently completed refresher training in line with good practice guidelines.

The registered provider had a medicines policy and procedure in place. Staff had all undertaken medicines training however had not all completed annual refresher training in the subject. Staff had not had their medicines competency assessed. We received confirmation that this had been undertaken since our inspection visit.

Staff had a good understanding of safeguarding people from abuse. There were policies, procedures and systems in place to protect people from abuse.

People had their needs assessed prior to them using the service. A care plan and risk assessments were prepared using the information gained through assessments. People's needs that related to age, disability, religion or other protected characteristics were considered throughout the assessment and care planning process. People told us that staff understood their individual needs.

People told us that staff treated them with kindness and were caring. They said that their privacy and dignity was consistently respected.

People told us that staff supported them with their food and drink needs. They described being offered choice and we saw guidance was available for staff to follow to meet people's individual dietary needs.

The registered provider had up-to-date policies and procedures that were available to staff to support their role and employment. Policies included complaints that people and their relatives could follow to raise any concerns or complaints they had.

The Care Quality Commission as required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 and report on what we found. We saw that the registered provider had policies and guidance available for staff in relation to the MCA. Staff demonstrated a basic understanding of this and had all completed training.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

Not all staff had completed up-to-date medication training and had undergone a check on their competency.

Risks to people were assessed and mitigated.

There were systems in place to reduce the risk of abuse which included information and training for staff.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

Mandatory training for staff was not always up to date.

Staff did not consistently receive support and supervision in their role.

People received the support they needed with eating and drinking.

### Is the service caring?

**Good** ●

The service was caring.

People spoke positively about the staff and their approach.

Staff demonstrated a caring nature and were patient and kind.

People's right to privacy and dignity was consistently respected.

### Is the service responsive?

**Good** ●

The service was responsive.

People's needs were assessed before they used the service.

People's care and support was planned in a person-centred way.

The registered provider had a complaints policy and procedure available.

**Is the service well-led?**

The service was not always well-led.

The service did not have a Registered Manager in post.

The registered provider's audit system did not always identify areas for development and improvement.

Policies and procedures were in place that offered guidance to staff for their role and employment, however they were not always followed.

**Requires Improvement** 

# Pinnacle Caring Services 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 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 took place over two days on 22 and 23 August 2018 and both days were announced.

This inspection was carried out by one adult social care 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 service.

Prior to the inspection the provider had completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We used this information as part of our inspection planning, preparing our inspection planning document and throughout the inspection process.

We checked the information we held about the service and the registered provider. This included statutory notifications sent to us about incidents and events that had occurred at the service. A notification is information about important events which the registered provider is required to send to us by law.

During our inspection we visited two people in their homes, we spoke with four people who used the service and four people's relatives by telephone. We spoke with three support workers and the registered provider.

We spent time looking at records, including care records for two people, medication administration records (MARs) recruitment and training files for four staff and other records that related to the management of the service.

# Is the service safe?

## Our findings

The registered provider was recruiting for new staff at the time of our inspection as staff had recently left the service. Records showed and people confirmed that staff turnover at the service had been very high. People told us they had not received support from regular staff due to the high turnover of staff. Comments from people and their relatives included; "There is a big turnover of staff and Dad has commented on this as he likes the same faces visiting him", "I get different staff coming and have asked for regulars but there seems to be a high turnover [of staff]" and "I have asked for the same staff but have been told they can't always do it." This meant people did not receive support from regular staff that knew them well.

All staff had completed an application form. Interview records were held and two references were in place. Disclosure and barring (DBS) checks had been undertaken for each member of staff. The registered provider had not always waited for the result before the staff member commenced employment. One member of staff had commenced employment using a DBS from a previous employer which meant they may not have been suitable to work with vulnerable people. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. We spoke to the registered provider about this and they stated this had been an oversight due to an administration error.

Staff rosters were prepared using a computer system that also used live call monitoring. The registered provider used this to monitor when staff arrived and left calls. All calls were covered by the small staff team. One staff member had not had a day off for more than two weeks. They told us they felt committed to the people they supported. Four staff were undertaking their induction at the time of our inspection. We discussed this with the registered provider who assured us that staff would receive appropriate time off and breaks when new staff commenced at the service.

The registered provider had policies and procedures in place for the safe management of medicines. Staff had completed training on medication administration however annual refresher training was not all up-to-date. We spoke with the provider about this and they put measures in place to ensure the required training for staff was updated. Following the inspection, we received information from the registered provider confirming that all staff had completed medication training and a check on their competency. We reviewed two people's medicines and the records that related to these. We found these were correct and records were fully completed.

Risk assessments were completed for people in relation to the environment and their individual needs such as moving and handling and any health conditions. Risk assessments were reviewed regularly and updated when any changes occurred. We discussed with the registered provider that the risk assessments lacked information about the risks associated with the use of equipment such as hoists and slings and how to minimise the risk of harm to people and staff. For example; additional information about the risks associated with the use of a hoist and sling used within one person's home and how to minimise any risk identified.

Accidents and incidents were recorded by staff and reviewed by the registered provider. Very few incidents had occurred at the service. The registered provider told us they contacted external agencies that included the occupational therapy and the local authority falls teams. This meant people were referred to other agencies to ensure all their needs were met.

Staff had undertaken safeguarding training and explained their role in keeping people safe and sharing any concerns they may have. Staff described the different types of abuse and they knew the signs and symptoms of potential abuse. A safeguarding policy and procedure was in place that staff had access to. The registered provider had a whistleblowing policy, however it did not hold any details of external agencies for staff to contact should they need to. This meant staff may not raise any concerns they had as they did not have appropriate contact details. We discussed this with the registered provider and they agreed to review and update the policy.

People told us they felt safely supported by the staff team. Their comments included;" I do feel safe with the staff who come to my house, they are fine" and "Mum is elderly and I am confident she is safe with the staff."

Staff had access to personal protective equipment (PPE). This included gloves and aprons for the staff to use when undertaking personal care tasks to minimise the risk of infection being spread. Staff were aware of the importance of hand washing particularly between tasks and when entering different people's homes. They told us this reduced the opportunity of infection being spread.

People's care plan files held essential contact details of relatives, who to contact in an emergency, GP and other health and social care professionals. Staff told us they had contact details for the registered provider whenever they were working.



# Is the service effective?

## Our findings

People gave us mixed feedback about the skills of the staff that supported them. Their comments included; "They don't all know how to cook and I don't like ready meals", "They ask dad what he wants and I know he likes them [Staff] because he has never complained about anything", "Staff have really looked after my legs since I came out of hospital and they are much better than they were" and "Staff make sure [Name] is eating and keep her clean by encouraging her to look after herself."

All staff had undertaken a basic organisational induction at the start of their employment that included key information about the service, staff role and responsibilities, policies and procedures. Two of the four staff employed had completed The Care Certificate which is a nationally recognised qualification based on a minimum set of standards, that social care and health workers are required to follow in their daily working life. The standards give staff a good basis from which they can further develop their knowledge and skills. All staff had completed shadow shifts with an experienced member of staff which gave them an opportunity to understand the individual needs of the people supported. One member of staff told us they had really struggled to understand the first induction as they were brand-new to social care. They have since discussed this with the registered provider and completed the training again. Staff spoke positively about the shadow shifts and stated the senior staff they worked with were knowledgeable and supportive.

Staff had completed basic training for their role at the start of their employment. This training included moving and handling, fire safety, first aid, infection control and food and nutrition. Two of the four staff members had not completed health and safety, food and nutrition or equality and diversity training. Refresher training had not been consistently completed in accordance with best practice guidelines. We discussed this with the registered provider and following our inspection this training has been updated and we have received confirmation that staff have since completed it.

Staff told us they did not always receive regular one to one supervision. Records reviewed showed occasional supervisions had taken place with some staff. The registered provider had a supervision policy in place that stated staff should have supervision at least quarterly (four times a year) and that an annual appraisal should also be undertaken with each member of staff. No records were available to demonstrate these had taken place. This meant staff had not received ongoing support and supervision to give them the opportunity to review their practice.

This was a breach of regulation 18 of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014 as staff training was not up to date and supervision was not consistently evidenced.

Care plans held information about people's food and drink needs. We saw guidance was available for staff to follow to meet people's individual dietary needs. People told us that staff always offered them a choice of food and drink. People's comments included "They [Staff] always ask what I want to eat or drink and whether they are doing it right" and "Some staff are better than others at preparing and cooking meals."

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 or helped to do so when required. When they lack the mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA 2005. People living in their own homes can only to be deprived of their liberty through a Court of Protection order. There were not any people on a Court of Protection order at the time of our inspection.

We checked whether the service was working within the principles of the MCA and found that it was. The registered provider and staff team had a basic understanding of the Mental Capacity Act and had all completed training in the subject. The registered provider told us they would work alongside family members as well as health and social care professionals if they were concerned about a person's ability to make their own decisions.

Records showed that people had access to health and social care professionals if required and the details of important contacts were held within people's care plan files. We saw that appropriate referrals had been made to the district nurse, tissue viability nurse, speech and language therapist and occupational therapists

# Is the service caring?

## Our findings

People were happy with the staff that supported them. Their comments included; "Staff are kind and caring", "Some of the staff are outstanding", "They [Staff] are extremely nice with me and help me as much as I need", "Staff are very caring and understanding" and "I would give them [Staff] 10 out of 10."

Staff had a good understanding of the people they supported. Staff described people's individual needs and preferences and their likes, dislikes and daily routines. Staff told us they had developed positive relationships with people due to the small number of people being supported.

Staff entered people's properties by the person's preferred means. Some people answered their door to staff and others had a key safe in place for staff to access their home. People told us that staff who used keys to enter their homes always announced their arrival on entering. People told us that staff were generally on time and would let them know if they were running late for any reason.

People's communication needs were included within their care plan documents. This included details of any sensory loss such as sight deterioration or hearing loss. Guidance was included for staff to follow to ensure each person's individual needs were met. For example, one person required staff to speak slowly and clearly to allow them time to process the information and respond. Staff described people's individual communication needs and knew how each person liked to be supported.

People told us that staff respected their privacy and dignity. They described staff keeping bedroom curtains closed when they undertook personal care tasks. They told us staff kept them covered up whenever possible. People told us that staff did not rush them during their morning or evening routines and always offered them choice. People told us staff asked; 'Would you like a bath or shower?', 'What would you like to wear today?', 'What would you like to eat or drink?' This meant staff promoted people's privacy and dignity.

Staff described how they supported and promoted people's independence. Examples included encouraging a person to wash the areas they could reach during personal care, encouraging people to choose their own clothing, putting the toothpaste on the toothbrush and supporting a person to brush their own teeth. Information about advocacy services was available for people. There was not anyone at the time of our inspection accessing this service.

People's records were stored securely in a locked office to maintain their confidentiality. Each person had a care plan file within their own home and this was stored in a location of their choice.

## Is the service responsive?

### Our findings

People told us they had received a full assessment of their needs before the service commenced. Their comments included "I had a full assessment when I came out of hospital and I am happy with the way things are working", "We've been with Pinnacle Caring for about four months and they initially came out to assess [Names] needs and to see what equipment was needed" and "We had an assessment when the service started and have reviews to update any changes."

People's needs were assessed prior to them using the service. People, and where appropriate, their relatives where were included in this process. The information gained from the assessment process was used to develop person centred care plans. The information held within each care plan reflected people's individual needs and choices. Information in care plans moving and handling, dressing and undressing, personal care and continence. There were clear descriptions of people's preferred routines and tasks to be completed at each call. One person described how staff followed the clear guidelines within the care plan for the care required to look after their hands, feet and legs. This person told us "Staff look after my skin really well and are very thorough. They never cut corners and I benefit from this." There was evidence that care plans had been reviewed and updated when people's needs had changed.

Care plans held information about specific health conditions that people were living with. This gave staff an oversight of the condition to support their understanding of the support people required. One member of staff told us they found this extremely helpful as they were quite new to social care and had not always had experience of different health conditions. Examples included cellulitis, lymphedema, rheumatoid arthritis and osteoarthritis. This meant staff had access to key information to support and understand people's needs.

Staff completed daily records for each person and this included information about personal care, medicines and diet. Other records were in place to meet individuals assessed needs. These included charts used to record and monitor people's food and fluid intake where this was required.

People supported by the service had specific needs in relation to equality and diversity. Care plan records showed that people's needs were considered during the assessment and as part of the care planning process in relation to; age, disability, religion as well as other protected characteristics.

The registered provider had a complaint policy and procedure in place that was available on request or held within each person's care plan file in their home. People told us they knew how to raise a complaint. People's comments included "I have no complaints but if I did I would just contact the office and get it sorted out" and "We have nothing to complain about, I'm happy with the care provided."

The registered provider told us they would ensure information was available in different formats to meet an individual person's needs. They explained this need had not yet arisen. They said they could get policies and procedures translated in to other languages or in to easy read formats.

## Is the service well-led?

### Our findings

We received mixed comments about the service from the people and relatives we spoke with. Their comments included "They are quite good for such a small company but there are some staff who are not trained properly and work too long hours", "The organisation can be shambolic", "Overall I would say the service is satisfactory but there is room for improvement in the frequency and changing of staff as it is disruptive for [Name]", "Staff seem to be consistently unhappy with their employer" and "Staff consistently report that they are treated poorly and too much is expected of them."

The service did not have a registered manager in place at the time of our inspection. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated regulations about how the service is run.

The registered provider was responsible for the running of the service in the absence of a registered manager. They had recruited a new manager that would be registering with the Care Quality Commission in due course. The manager had not yet started at the service.

The registered provider had quality assurance systems in place but these had not been completed throughout 2018. Quality assurance systems were ineffective and meant areas for development and improvement had not been promptly identified and addressed.

The registered provider had not identified that a member of staff had commenced employment without an up to date DBS in place. All other recruitment was safe and the registered provider assured us this had been an oversight which would not be repeated.

The registered provider had not identified that staff training was not up to date and competencies had not been undertaken in line with good practice guidelines. This meant staff may not be up-to-date with the knowledge, skills and competencies required for their roles.

The registered provider had not identified that supervisions and appraisals were not up-to-date in line with their policy and procedure. Supervisions and appraisals are an opportunity for the registered provider and staff member to review development and training needs. Supervision is a forum where staff knowledge can be assessed and any performance issues addressed.

Daily records were not regularly audited by the registered provider to ensure they were fully completed and up-to-date. This meant any areas for development and improvement had not been identified.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the registered providers systems in place to assess, monitor and improve the quality and safety of the service provided were not always effective.

The registered provider had sent quality questionnaires to people and their relatives. Comments received were mostly positive with some areas for development improvement identified. People told us they had spoken to the registered provider about concerns they had and felt they were addressed.

Staff questionnaires had also been completed and comments were mostly positive. Staff told us they enjoyed their work.

The registered provider had policies and procedures available that were regularly reviewed and updated. These policies and procedures were not consistently followed as described throughout the report. They gave staff clear guidance in all areas of their work role and employment.

Registered providers are required to inform the Care Quality Commission (CQC) of certain incidents and events that happen within the service. The service had notified the CQC of all significant events which had occurred in line with their legal obligations.

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 17 HSCA RA Regulations 2014 Good governance  Governance systems were ineffective and had not identified areas for development and improvement.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  Staff training was not up to date and ongoing support and supervision was not evidenced consistently.