

Patina's Homecare Services

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Inspection report

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Tel: 01493657658

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on the 1 February 2017. We contacted the service before we visited to announce the inspection. This was because the service provides a domiciliary care service to people in their own homes. We wanted to ensure that we could access the service's office and speak with the manager and staff.

Patina's Home Care provides personal care to around 30 people who live in their own homes, in Great Yarmouth and the surrounding areas. With domiciliary care services the Care Quality Commission (CQC) only regulates personal care. This was the service's first inspection.

There was a registered manager in place. A registered manager is a person who has registered with the CQC 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. For the purpose of this report the registered manager will be referred to as the manager. The service also had a daily manager and senior care staff.

The service was not producing complete and clear records of people's care needs and their associated risks. Staff were generally knowledgeable of people's needs but these had not been obtained and recorded in people's risk assessments. People did not have robust plans in place to guide staff about how to manage people's needs and what action they should take, if there were concerns.

The service was also not recording when they made contact with health and social care professionals to seek their involvement when a person's needs had changed.

The service did not have robust auditing systems in place to monitor the quality of people's risks assessments, their care plans and reviews. The service had not identified there were issues with their assessment and review processes. Some audits and quality monitoring systems were not effective.

These issues all constituted a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

People received care visits from a group of regular carer staff at their own agreed times. People did not have missed care visits. When necessary, staff stayed longer with people than their allotted times in order to ensure their needs were met.

Staff and the manager were motivated to provide good care to people. Staff understood the importance of responding to concerns about people's health. There was a training system in place and staff spoke positively about the training and the induction they received. Staff had a thorough induction to the service and their role.

The manager and staff demonstrated they understood how to protect people from the risk of abuse. Staff were aware of this potential issue and knew what to do if they had concerns. People felt involved in the planning of their care.

People benefited from staff who felt supported and valued by the management team. Staff found the manager approachable and supportive. The manager and staff had confidence in the service they were providing.

Staff understood the importance of promoting and protecting people's dignity, privacy and independence. People and their relatives gave many positive examples of the caring and supportive approach of staff. People told us they were treated with dignity and in a caring and kind way. People and staff told us that they formed positive relationships with one another.

Staff had received training in the Mental Capacity Act 2005 (MCA) and demonstrated they understood the importance of gaining people's consent before assisting them.

The manager and staff supported people in a practical way to avoid social isolation. People felt comfortable speaking with the manager and raising any issues they may have had. There was a complaints process in place for the manager to respond to complaints.

The manager demonstrated a positive commitment to the service and to the people the service supported. The manager was motivated to provide a person centred service to people. The manager knew the people the service visited. Staff had confidence in the manager.

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.

The service had not identified all the risks that people faced and recorded this appropriately at their assessment and reviews.

People's care plans did not guide staff as to people's needs.

Staff knew what to do if they had any concerns and they were confident in raising these.

Requires Improvement ●

Is the service effective?

The service was effective.

The training, induction, and the support staff received, contributed to the effective support people experienced.

People received care and support in the way they wanted as staff understood the importance of gaining people's consent.

When required people received support with food and drink.

Good ●

Is the service caring?

The service was caring.

People benefited from having positive and caring relationships with the staff that supported them.

The care and support people received made them feel they mattered.

People had been involved in planning the care and support they received.

Staff understood the importance of maintaining people's dignity and privacy and worked in a way that promoted and protected this.

Good ●

Is the service responsive?

Good ●

The service was responsive.

People saw regular staff at their agreed times.

People received care and support that was individual to their needs.

People were supported to avoid social isolation.

Is the service well-led?

The service was not always well led.

People didn't have robust risk assessments, care plans and reviews.

There was limited robust quality monitoring of people's records.

There was a positive and open culture at the service.

Requires Improvement ●

Patina's Homecare Services

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 the 1 February 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service. Notice was given as the manager could have been out of the office and we needed to make sure we could access the office. The inspection was carried out 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.

Before the inspection we viewed the information we had about the service. We also contacted the local quality assurance team and local authority safeguarding team for their views on the service.

The manager 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 improvements they plan to make.

During the inspection we visited the service's office, spoke with six people who used the service and eight relatives. We also spoke with the manager, and five members of staff.

We looked at the care records of four people who used the service and this included the medicines administration records of these people. We also viewed records relating to the management of the service. These included risk assessments, three staff recruitment files, training records, and compliments.

Is the service safe?

Our findings

We looked at people's risk assessments and found these did not contain the full risks and needs which people faced in their day to day lives.

We spoke with a member of staff who told us about one person who was at risk of having unstable blood sugars. The person was also at risk of not managing this need in a safe way. When we looked at their risk assessment this risk had not been identified and explored. There was no information to guide staff about how to manage this risk. Staff had no guidance about how to deal with a situation if they found this person to have blood sugar levels outside of the normal range.

We looked at one person's medicines record; they were being prescribed a medicine to prevent them from choking. However, when we looked at their risk assessment this risk had not been identified. There was no guidance for staff about what they needed to do if this person began to choke.

We were told about another person who had a condition which could affect their short term memory. This person self-administered their medicine and staff were required to check that the person had taken their medicine as prescribed. However on one recent occasion this did not happen and the person had not taken their medicine. This risk had not been identified at their risk assessment for their self administration of their medicine. Their care plan also did not advise staff about what they should do in order to check this person had taken their medicine as prescribed.

Staff were able to tell us about the risks that the people they supported faced. Staff also told us how they managed these risks and how they supported people to minimise some of these risks. We talked to the manager about the needs of four people; the manager also had a good knowledge of these people's needs. We concluded from speaking with staff and the manager that they knew what people's needs were. However, people's records did not reflect and detail their needs. This did not have a direct negative impact on the four people we looked at. However, we concluded that this could be a potential risk in the future.

The manager showed us a form they used to analyse accidents and incidents. The manager said they had not needed to use this form as people had not experienced accidents or incidents. However, staff told us about some people who had experienced falls. A relative told us about an incident about their relative's medicine. Their relative had not taken their medicine and the staff were requested to prompt and check they had done this. We saw on one person's daily notes there was a potential serious issue with a person's health. The staff we spoke with told us what action was taken in some of these cases, but these were not recorded on this form. The purpose of this form was to enable the manager to look for repeat situations and patterns and then take action to keep these people safe.

When we looked at people's Medication Administration records (MAR) charts we found limited information to guide staff when supporting people with their prescribed creams. In some cases we found it recorded on the MAR where the cream should be applied. However, we found other examples where it did not state

where the cream should be applied.

The manager had a contingency plan in place if there was an event that prevented the service from operating. We were shown a document where the manager had identified who the most vulnerable people were. They had identified these people based on their level of mobility and if they lived with family or had relatives who were able to support them. The manager said they and two other senior members of staff had this record in their home if an event occurred outside of normal working hours. However, the manager had not considered what action they would take if there was a sudden decrease of staffing levels or management availability. There was no plan in place to respond to these types of events.

We looked at staff personnel files and found that not all members of staff had full employment histories. We spoke with the manager about this who was initially reluctant to obtain this information and ensure new members of staff had full employment histories. The manager had ensured that other safety checks had been completed to ensure that people were safe when they received care from staff. These included two references, proof of identity and a completed Disclosure and Barring Service (DBS) check. A DBS check is another way to check that staff are suitable to work with people who used the service.

People who received care visits from Patina's Home Care said they felt safe with the staff who visited them. One person said, "I'm safe alright, the carers are nice." Another person told us, "Yes I do [feel safe] I have regular carers." A relative told us, "Everything's working fine [relative] feels safe."

The management team had completed robust moving and handling risk assessments. This was to ensure that people who needed specialist equipment and the support of one or two members of staff to move from one position to another were safe. The people who needed this support had detailed care plans which guided staff on how to ensure people were safe at these times.

The staff and the manager knew how to respond if they suspected people were at risk of potential abuse and harm. The manager told us about a time when a member of staff had concerns about a person they supported. They had overheard a relative talking about this person in a way which they felt was threatening. This member of staff informed the manager who made contact with the local authority safeguarding team and made a referral. The staff we spoke with told us how they could potentially identify if a person was experiencing harm in some way. Staff told us that they visited a regular group of people and they would know if someone was withdrawn or as one member of staff said, "Not themselves."

However, most staff did not know of the outside agencies they could also contact and raise any concerns with. Staff also didn't have access to these agencies contact details. We spoke with the manager about this who said they would address this issue.

We were told that a team leader or the manager completed risk assessments before people started to receive care visits from Patina's Home Care. We looked at some of these risk assessments and we could see that various potential hazards had been considered relating to the environment to both the person and the member of staff. Where people's utility supplies were located was documented. Fire risks were considered and whether people had smoke alarms. Some people visited the service's office. We saw that the manager had completed various safety checks on the office space to ensure it was safe.

The manager said they did not accept new people to the service if they did not have enough staff to meet people's needs and keep people safe. The manager told us that recently a number of staff had left, so they had decided not to take on new requests of care from the local authority. The manager told us they had recently appointed some new members of staff. They also told us that they would only accept new requests

for care visits, when these newly recruited staff were confident and competent to start work. On the day we visited the service we saw a group of new members of staff completing elements of their induction.

The staff we spoke with told us about the methods they used to ensure people received their medicines in a safe way. We looked at peoples MAR charts. We could see staff had signed to say people had been given their medicines as the prescriber had intended. The MAR charts had a list of staff's names with their initials next to them, so staff could be identified. Underneath the name of the medicine there was a description of what the medicine looked like. We could also see that completed MAR charts were being returned on a monthly basis and were checked by the management team. These were all systems which the service used to ensure people received their medicines safely.

Is the service effective?

Our findings

We asked people if they felt that the staff at Patina's Home Care were effective in their work. One person told us, "Yes they [staff] are absolutely." Another person said, "Yes....If a new person starts, they shadow and get trained for the tasks." A relative told us that when their relative's needs had changed their staff received training on how to meet these new needs.

The manager told us that they ensured people had a regular group of staff in order to ensure they knew people's preferences and knew how to support individuals. The staff and people who used the service also confirmed this.

The staff we spoke with said their induction prepared them for their new role. Staff said they completed a period of induction with an experienced member of staff supporting people who needed two members of staff to meet their needs. Staff and the manager said once they were considered competent they would start working alone with people who needed one member of staff. The manager said the length of this 'shadowing process' was also dependent on how confident a member of staff felt about working alone. The manager said they would speak with new members of staff to check their progress and to see if they were ready to work independently. We spoke with a new member of staff who confirmed they were having conversations with the manager. They told us how their induction was tailor made for them in terms of its length and they were under no pressure to shorten their induction.

We were shown training records which staff had completed in various subjects. Staff received training in safeguarding, mental capacity, first aid, medication administration, health and safety and infection control. New members of staff completed the care certificate, which is a set of standards outlining what good care looks like. The manager said they checked staff's individual results of their training. The training system they used will either pass or fail staff if they haven't answered most questions correctly. The manager said if a member of staff failed, they would do the training again. The manager told us about a new training provider they had started to use. They told us they had chosen this provider because they had confidence the training would be of a strong quality.

Staff told us and we saw records confirming individual members of staff had completed additional health and social care courses at the local college. The manager explained how some members of staff had completed additional courses in order to prepare them for their learning when they started a diploma in health and social care.

The manager told us that staff received formal supervisions twice a year and a yearly appraisal. We looked at some supervision and appraisal records which confirmed these meetings were taking place on a regular basis. The staff we spoke with told us that they found these meetings useful. However, when we looked at these records we saw that the manager was not testing if staff were still knowledgeable in topics relevant in their work. This would have been another way of ensuring staff were effective in their work. We spoke with the manager about this who said they would address this issue.

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 when this is in their best interests and legally authorised under the MCA. We checked the service was working within the principles of the MCA.

The staff we spoke with told us how they sought people's consent before they supported them with a particular activity or daily task. Staff told us how they encouraged people to make decisions about what they were going to wear or what they wanted to eat. Staff also told us about how important it was to let people make their own decisions and live their life as they wanted to. One member of staff told us about a person who sometimes made unwise decisions about their care and their health needs. This member of staff told us how they encouraged and promoted 'healthier' options and decisions but they said, "I don't force it."

We were told about some people who the service supported with their food and drink. Staff told us how they ensured people drank regularly and had meals which they wanted to eat. Staff told us about the techniques they used to encourage people to eat and drink who could be at risk of not eating and drinking enough. One member of staff said, "I sit with them and encourage them."

Relatives told us that staff would pass any concerns they had about a person's health to them to address with a health professional. One relative said, "They phone up if they notice anything." Another relative also said, "They contact me if they have any concerns."

A member of staff told us how they made regular contact with the GP or District Nurse about a person's health needs if they were concerned they were becoming unwell. Staff also told us how they were mindful of one person's reoccurring health issues. They told us how they identified if this person was becoming unwell again and the action they took to ensure they received medical support. We looked at people's daily notes and we noted on one occasion staff had become concerned about a person's health. We saw they had made contact with a District Nurse, raised these concerns to them, and then later recorded this professional had visited this person and the action they took to address this health issue.

Is the service caring?

Our findings

The people we spoke with told us that staff treated them in a kind and caring way. One person said, "Yes, they [staff] are very caring." Another person answered, "Yes they are." A relative told us, "[Relative] gets all the time in the world. [Relative] looks forward to seeing them and we've got one main carer. They share a laugh and a joke and we're very happy with the service and would recommend them. They are brilliant."

Staff were able to tell us about the people they supported, their likes and dislikes, what was important to them, and how they wanted to live their life. One member of staff told us how they supported one person with their diverse needs, they explained that they were able to do this because they had got to know the person and formed a relationship with them. One member of staff said, "You build a bond with them." Staff and the manager said this was possible because staff supported the same people on a daily basis.

People told us that they felt involved in the care they received. One person said, "They ask." People told us that staff asked them what support they wanted and gave them options about how they wanted to receive this support. The relatives we spoke to also confirmed this practice. One relative said, "They ask [Relative] what [they] would like."

People told us that they were treated with dignity and their privacy was promoted by the staff who supported them. One person said, "They are always very respectful." We asked one person if staff treated them with respect, they said, "Yes they always do." A relative also answered, "Yes, totally. [Relative] never complains."

Staff told us how they offered practical support to relieve people's distress. One member of staff told us how they supported one person who needs to be transferred from one position to another using a specialist piece of equipment. They told us how they offered assurance that they are safe. This member of staff said, "It can be scary, I re-assure them that they are safe, I hold onto their hands, one lady squeezes so tight."

The staff we spoke with told us how they promoted people's dignity when they supported people with their personal care. Staff talked about ensuring doors and curtains were closed. That they explained to people what they were doing when they supported them. Staff also told us how they encouraged and enabled people to complete elements of their personal care themselves. The people we spoke with confirmed this happened.

The manager told us how they protected people's confidential information. We could see people's records were stored securely in the service's office. The manager told us that they had received a report about a member of staff who was not always respecting a person's confidential information. They told us what action they took to address this issue and prevent it happening again.

However, one member of the management team had confidential information relating to the people who used the service and the services' contingency plan, stored at their home. When we spoke with the manager

about this they had not checked with their colleague if this information was stored securely.

Is the service responsive?

Our findings

People received care in a person centred way from the staff at Patina's Home Care.

People told us that they received regular care visits from staff who they knew. People also said their care visits were at times which they were happy with. One person said, "We always get a rota." Another person said, "We're very happy with it. They [staff] are all very friendly and nothing's too much trouble. It's usually regular carers and the timekeeping's fine. ... We've had reviews and provided feedback." A further person said, "The timekeeping's very good. If ever they are going to be late they'll contact us."

We looked at people's care assessments and we could see that people had been involved in the planning of their care. People had a 'one page profile' which outlined what was important to individuals, their background, preferences, what worried them, and their views on who they are as individuals. When we spoke with staff they were able to tell us about additional information relating to the people they supported. This told us that staff continued this process of getting to know people and what was important to them.

People's care plans however, did not contain clear guidance for staff in order to support people's needs. For example some people wore catheters but there was no information for staff to direct them to manage this need. Another person had diabetes but their plan did not detail how to manage and monitor this need.

When we looked at some people's assessments we saw that there was information directing staff about the daily tasks that needed to be completed by staff which were personal to individuals. This included details about how to approach one person in the morning, and what meals and drinks to prepare for them. Another person had communication difficulties, their care assessment guided staff about how to communicate with this person so they could respond to the staff supporting them.

A member of the management team or a senior member of staff visited people to discuss their care needs before the care began. People were also visited and asked to complete a document rating the care they received.

People told us that staff would involve them with their care and ensured their needs were met before they left. One person said, "They always ask if there's anything else I need before they leave." Another person also said, "They always ask if you need anything else."

The staff we spoke with said they stayed longer if a person's needs had changed or if additional assistance was required in order to meet their care needs. For example one member of staff said, "At the end of the day, you are there to help them, if it means doing something extra which helps them, you do it, it doesn't matter if you go over your time."

Staff and the manager told us how they supported people to avoid social isolation. One member of staff told us how they encouraged one person to complete quizzes and games which they knew the person liked to

do, but sometimes needed some encouragement to start. The manager told us about one person who staff had expressed concerns about being isolated and low in mood. The manager told us they contacted social services to request support for this person.

The service had a complaints and compliments process. The manager told us about a verbal complaint that was raised by a relative of a person who received support from staff. The manager said once they had addressed this issue they returned to the relative who was satisfied with the outcome. The manager told us, had this person not been satisfied with the outcome they would have carried out the formal complaints process. We were told about a new person who will be starting with the service. We were shown a folder of information ready to be placed in their home. This included the service's complaints policy which included social services the CQC's and the ombudsman contact details. We were also shown a selection of written compliments from people's relatives.

Is the service well-led?

Our findings

The manager did not always have robust quality monitoring systems in place to monitor the service people received.

People's risk assessments, care plans and reviews records were not robust. People had not received a full and detailed risk assessment when they started to use the service. People's risks, how staff needed to respond to these and issues they needed to be mindful of were not collated and documented in people's assessments, care plans, and reviews. People's reviews were not holistic. They had gained the views of people about the service but they had not considered if people's needs had changed or if the initial information the service had about people, needed updating.

We were shown an improvement which had been made with people's care plans relating to people who required support from staff and equipment to transfer from one position to another. However, the management team had not considered other risks and needs which needed to be recorded in people's care plans. When we raised this with the management team they had not considered that this level of information was needed as a tool to manage and monitor people's needs, not just their moving and handling needs.

The service did not have an effective system of monitoring accidents and incidents. Staff had told us about some accidents and incidents that people had experienced. However these were not logged by the management team in order to see if people needed additional support.

The management team was auditing people's daily logs and found there had been no issues with these records. We looked at two of these daily logs which had been audited. We found an issue with one of these records. Staff had identified a health concern but there was no record of what action they had taken and whether the issue had been resolved. One of the purposes of this audit would have been to identify if a situation like this had been managed safely and appropriately. However there was no investigation or checking to see if this was the case. Or consideration of lessons learnt. In this case the audit was ineffective.

The management team was not always effectively monitoring that staff had the knowledge to be competent in their work. They were not checking or testing whether staff were still knowledgeable about important subjects relevant to their work.

The management team did not have a system of recording when contact was made with professionals when they had concerns about people's needs. Therefore, there was no system to evidence the service was responding proactively if staff had concerns about people and their needs being met. Staff told us that they contacted the GP or District Nurse if they were concerned about people's health needs. However, there was no system in place to ensure that these individual situations were being managed effectively. No one person was overseeing these situations to their completion to ensure the individual received the support they needed.

As the registered manager the manager has a responsibility by law to notify the CQC about certain events. However, the manager did not know what these events were and in what circumstances as a care agency they should notify us. The manager had told us about a safeguarding referral they had made to the local authority about a person who the service supported. The CQC should have been notified about this, but the manager had not done this. The manager had no knowledge of the regulations the CQC assesses the service and competence of the registered manager against.

The manager had assumed that confidential information relating to the service's contingency plan was stored securely in one member of the management team's home. They had not considered the security of records removed from the office.

The above concerns constituted a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a positive and open culture at the service. Staff spoke positively about the work they do and the people they supported. One member of staff said, "I love it, it's the people, so many different and interesting characters and stories."

Staff told us they felt supported by the management team and felt confident in raising issues with them. One member of staff said, "They [management team] are always at the end of the phone." Another member of staff told us that the management team were, "Helpful, I always get an answer.... they explain things." Staff also said they often visited the service's office and the manager said they encouraged staff to do this. Staff told us that the management team was approachable.

Staff spoke positively about the training and additional vocational courses the management team were enabling them to complete. They also told us that they received feedback in order to assist them to improve in their work.

The management team were completing audits of people's MAR charts and were observing staff practice on a regular basis.

We asked staff what they felt the values were of the service. They told us it was about supporting people to live the life that they wanted to. To keep people safe and happy in their own homes. We spoke with the manager about the values of the service and they echoed these points.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17 HSCA 2008 (RA) Regulations 2014: Good Governance</p> <p>The management of the service had failed to have effective systems and processes in place to monitor and improve the safety of the service provided.</p> <p>Regulation 17 (1) and (2) (a) (b) and (c).</p>