

Pompeii Limited

# Knowsley and Liverpool East Office

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection took place on 11 and 12 January, 2018 and was announced.

Knowsley and Liverpool East Office is a domiciliary care agency. It provides care to people living in their own houses and flats in the community. It provides a service to young and older adults. At the time of the inspection the registered provider was providing support to 18 people.

At the time of the inspection there was no registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (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. At the time of the inspection the registered provider was recruiting into the role of registered manager.

At the previous comprehensive inspection which took place in November, 2016 the registered provider was rated 'Requires Improvement'. We found the registered provider was not meeting legal requirements in relation to 'Safe Care and Treatment' and 'Need for Consent'.

During this inspection we found that a number of improvements had been made and the registered provider was complying with all health and social care regulations.

There were a number of different systems in place to assess and monitor the quality of the care being provided. This meant that people were receiving safe, compassionate and effective care. Such systems included weekly and monthly governance meetings, quality audits, care plan and medication audits as well as annual quality questionnaires.

Care plans and risk assessments which we reviewed were well maintained, regularly reviewed and updated in order to minimise risk and ensure the correct level of support was being provided.

Care plans were individually tailored to each person who was being supported and a person centred approach to care was evident throughout the inspection. Person centred means care which is tailored around the needs of the person, not the organisation. Staff were familiar with the support being provided and people's wishes, choices and preferences were well known.

Medication management systems were being safely managed. Staff had received the necessary medication training. People had the relevant medication care plan and risk assessments in place which included detailed information about how medication administration needed to be supported.

Recruitment processes were reviewed during the inspection. All staff who were working for the registered provider had suitable references and disclosure and barring system checks (DBS) in place. DBS checks ensure that staff who are employed are suitable to work within a health and social care setting. This enables

the registered manager to assess level of suitability for working with vulnerable adults.

Staff received regular supervisions and annual appraisals. Staff expressed how they were fully supported in their roles; all necessary training had been completed and they felt that they were able to fulfil their roles effectively.

There was a system in place to monitor and assess all accidents and incidents. These were recorded on an internal database system, trends were analysed on a weekly and monthly basis which then helped the registered provider to establish trends and risks which needed to be managed.

The day to day support needs of people were well managed by the registered provider. Appropriate referrals were made when needed and the relevant guidance and advice which was provided by professionals was being followed accordingly.

The registered provider was aware of their responsibilities and understood that CQC needed to be notified of events and incidents that occurred in accordance with CQC's statutory notifications procedures.

We reviewed a range of different policies and procedures which were in place. Policies and procedures were up to date, contained relevant information and were available to all staff as and when they needed them. Staff were familiar with the area of 'safeguarding' and 'whistleblowing' procedures. Staff knew how to report any concerns and had completed the necessary safeguarding 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?

Good ●

The service was safe.

Care plans and risk assessments were well maintained and regularly reviewed.

Accident and incidents were monitored and trends were established.

Safe recruitment processes were in place.

Staff had a good understanding of whistleblowing and safeguarding procedures

### Is the service effective?

Good ●

The service was effective.

Principles of the Mental Capacity Act, 2005 were being followed accordingly.

Staff were supported in their roles and supervision and appraisals were routinely taking place

People were supported with any dietary needs.

### Is the service caring?

Good ●

The service was caring.

The staff were providing kind, compassionate and caring support.

People were treated with dignity and respect

Confidential and sensitive information was well protected.

### Is the service responsive?

Good ●

The service was responsive.

Care records contained person centred information and staff

provided person centred care.

Staff received specialist 'End of Life' care training.

There was a formal complaints process in place.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Audits and checks were in place and were identifying areas of improvement.

Quality assurance systems were suitably in place and helped to monitor and assess the provision of care being provided.

The culture of the service was person centred; staff enjoyed working for the organisation.

There were policies in place for staff to follow and staff

# Knowsley and Liverpool East Office

## **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.

This inspection took place on 11 and 12 January, 2018 and was announced.

The provider was given 48 hours' notice prior to the inspection visit. Prior notice is provided because the location provides a domiciliary care service and we needed to be sure that staff would be available on the day.

The inspection team consisted of 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 care service.

Before the inspection visit we reviewed the information which was held on Knowsley and Liverpool East Office. This included notifications we had received from the registered provider such as incidents which had occurred in relation to the people who were being supported. A notification is information about important events which the service is required to send to us by law.

A Provider Information Return (PIR) was not received prior to the inspection. This is the form that asks the provider to give some key information in relation to the service, what the service does well and what improvements need to be made. We also contacted commissioners and the local authority prior to the inspection. We used all of this information to plan how the inspection should be conducted.

During the inspection we spoke with a representative for the registered provider, two people who were

being supported, two relatives and seven members of staff.

We also spent time reviewing specific records and documents, including four care records of people who were receiving support, four staff personnel files, staff training records, medication administration records and audits, complaints, accidents and incidents, health and safety records and other documentation relating to the overall management of the service.

# Is the service safe?

## Our findings

The registered provider was last inspected in November, 2016 and was rated 'Requires Improvement' in this domain. The registered provider was found to be in breach of Regulations in relation to 'Safe Care and Treatment'.

During the previous inspection we found that care plans were not completed to the quality and standard they should have been, risks were not appropriately assessed and mitigated and medication management needed to be improved.

We asked the registered provider to take action to address the concerns we identified. The registered provider submitted an action plan which outlined how the breach of regulation was being addressed. During this inspection we reviewed the processes and systems which were in place in relation to the breach and found that improvements had been made.

Appropriate care plans and risk assessments were in place for all people who were being supported. All care plans were individually tailored to meet the needs of each person and it was evident that a person centred approach to care was being provided.

During the inspection we reviewed the different risk assessments which were in place for the people who were being supported. Risk assessments included nutrition and hydration, medication, manual handling, skin condition and personal hygiene. The level of risk had been identified, risks had been assessed and support methods had been put in place to mitigate risk.

Care plans and risk assessments were regularly reviewed. Any changes to people's support needs were communicated with staff and daily handover discussions meant that staff were always familiar with people's care needs and how to mitigate risks.

During the inspection we reviewed the medication management processes. We found that staff had been trained to support people with medication administration as well as receiving the necessary medication competency assessments. Medication administration records (MAR) were appropriately completed by staff and MARs were appropriately colour coded to identify the different medications which had been prescribed.

People had the necessary care plans and risk assessments were in place in relation to medication support needs. This meant that people were being appropriately assessed in relation to their health and well-being and staff could provide the appropriate level of support.

The registered provider was no longer in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People we spoke with during the inspection were asked if they felt the service which was provided was safe? Some of the comments we received included "Absolutely they [staff] are wonderful", "Of course" and "Two

[staff] come at a time, they come at the same time." Relatives also expressed "'I think [relative] is very safe" and "I'm really happy."

During the inspection we reviewed the recruitment practices the registered provider had in place. We reviewed the area of 'recruitment' to ensure the staff who were recruited were suitable to work with vulnerable people. Personnel files were organised, comprehensive and well maintained. Records included application forms complete with employment history, interview process for each person; suitable references were on file prior to an individual commencing work, identification as well as the appropriate Disclosure and Barring Service (DBS) checks. A valid DBS check is a check for all staff employed to care and support people within health and social care settings. This enables the manager to assess their suitability for working with vulnerable adults.

The registered provider had sufficient accident and incident processes in place. Accidents and incidents were recorded on an internal database system. These were reviewed on a weekly and monthly basis. Accidents/incidents were also discussed during morning handovers and team meetings and trends were routinely monitored. The processes which were in place enabled the registered provider to safely manage any trends and ensured that risks were being safely managed.

Individual environmental risk assessments were in place for each person who was being supported. Environmental risk assessments identified potential hazards which needed to be managed in the living, kitchen and bedroom areas, as well as possible electrical risks, medication risks and lone working risks to care staff. This meant that all potential hazards had been assessed and staff were familiar with the different risks which needed to be mitigated within the persons home.

The registered provider employed a sufficient number of staff to support the needs of people in a safe and effective way. People and relatives we spoke with during the inspection expressed that staffing levels were safe and support was always provided as and when it was scheduled to take place.

Infection prevention control procedures were reviewed during this inspection. It was essential that there were robust systems in place to ensure people were protected from avoidable and preventable infections and there were measures in place to ensure that environments were safe, hygienic and cleanliness is well maintained. There was an infection control policy and staff were aware of the different health and safety measures which needed to be complied with as a method of infection prevention.

'Safeguarding' and 'whistleblowing' procedures were reviewed during the inspection. Staff were able to explain their understanding of 'safeguarding' and how and why they would raise any concerns. Staff were also able to explain their understanding of 'whistleblowing' and explained that this was in relation to raising concerns regarding inappropriate practice. There was an up to date adult safeguarding and whistleblowing policy in place and staff had received the necessary training in relation to the protection of vulnerable adults.

# Is the service effective?

## Our findings

The registered provider was last inspected in November, 2016 and was rated 'Requires Improvement' in this domain. The registered provider was found to be in breach of Regulations relating to for 'Need for Consent.' This was because the registered provider was not complying with the Mental Capacity Act (2005).

We asked the registered provider to take action to address the concerns we identified. The registered provider submitted an action plan which outlined how the breach of regulation was being addressed. We reviewed the processes and systems which were in place in relation to the breach identified and found that improvements had been made.

The Mental Capacity Act (2005) 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.

During this inspection there was evidence which demonstrated that consent had been sought from people receiving care prior to care packages being agreed. Capacity was assessed as part of the initial assessment and each of the care records we viewed contained signed agreements from the person who was being supported. This meant that the provider was complying with the principles of the MCA and ensured that people were involved in the decisions which were being made in relation to their care and support..

The registered provider was no longer in breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We reviewed supervision and appraisal processes during this inspection. Supervisions are regular meetings between the staff member and their manager to discuss any issues which need to be addressed in a one to one setting. Appraisals are used to identify goals and objectives for the year ahead to ensure staff are supported to develop within their role. Staff expressed that they received regular supervision throughout the year as well as an annual appraisal. One staff member said "I'm completely supported by management" and another staff member commented "I'm always being reassured, definitely supported."

Staff were expected to complete an induction programme as part of their probationary period. The induction programme consisted of the 'Care Certificate' standards which were introduced by the Government in 2015. This is a set of standards that social care and health workers comply with in their daily working life. The Care Certificate is a new set of minimum standards that should be covered as part of induction training of new care workers.

Other specialist training which staff had completed included 'Alzheimer's Disease and other dementia's', moving and handling and End of Life Care Training. Staff we spoke with during the inspection expressed that the training provided was 'beneficial' and helped them in their roles.

Effective communication systems were in place and staff expressed that the 'communication was constant'.

We were informed that there was a daily handover which took place each morning, weekly and monthly management meetings were communicated with staff, regular team meetings took place and staff were encouraged to familiarise themselves with updated care plans and risk assessments on a daily basis.

Staff completed comprehensive daily records for each person they were supporting and any concerns or incidents were communicated with managers. This meant that all staff were always kept informed of the day-to-day activities as well as any significant information which needed to be relayed.

There was evidence in care files of specialist support being offered by external healthcare professionals and the relevant updates were made in care plans and risk assessments. This meant the people were receiving a holistic level of safe care and support which could help with their overall quality of life.

People had a choice of what they wanted to eat and staff were aware of people's dietary needs. Care files included people's likes and dislikes and preferences of food. For example, care records we reviewed stated "Staff are to prepare [person] breakfast of choice" "[Person] is to choose what they want to eat", "Staff to ask if [person] would like supper" and "Staff to serve lunch of [person's] choice."

# Is the service caring?

## Our findings

We received positive comments from the people and relatives we spoke with during the inspection about the care which was provided. Comments we received from people who were being supported included "[Staff] couldn't be nicer. They cheer me up when they get me ready, we have a great laugh about everything" and "I cannot fault them [staff]." Relatives also expressed "They do what [relative] wants and what makes [relative] happy" and "You can tell they [staff] think a lot of [relative] their whole attitude towards [relative] is really kind and friendly."

People received care and support from regular care staff and staff were familiar with the care that needed to be provided. This meant people were receiving consistent care and support, positive relationships were being formed and people felt that staff with familiar with their care needs. It was also evident from our inspection visit that the registered provider was committed to providing a person centred approach to care.

Staff were able to demonstrate their knowledge and understanding of the people they were supporting. Staff were able to describe people's care needs, how and when the care was being provided as well as specialist health care needs which needed to be risk managed. This meant that staff were able to provide a consistent level of care to people they had developed relationships with as well as having in-depth understanding of the care and support which needed to be offered.

Staff were consistently updated with any changes to people's care needs. Staff felt that they were able to provide a safe, caring and compassionate level of care based on people's needs. People felt the staff who were providing the care did so in a kind, considerate and respectful manner.

People were involved and consented to the care being provided from the outset. Reviews of care plans and risk assessments were regularly taking place; records we reviewed were relevant, up to date and demonstrated how a person centred approach to care was a priority.

People were asked if their dignity and respect was maintained, comments we received included "Yes they [staff] do, they [staff] cover me up when washing me" and "I'm being very well looked after."

For people who did not have any family or friends to represent them, contact details for a local advocacy service could be made available. At the time of the inspection there was nobody being supported by a local advocate.

During the inspection we reviewed how that confidential information was stored and protected. All care records, personnel information, risk assessments and other protected information was safely secure at the registered address. The registered address is the address which has been registered with the CQC. This meant that all sensitive and confidential information was not being shared with other people unnecessarily.

Information regarding the registered provider and the care that could be provided could be produced in a variety of different formats, upon request. For example, information could be produced in large print or 'easy

read' formats. This meant that the registered provider was able to offer accessible information upon request as well as ensuring that equality and diversity needs were being supported.

## Is the service responsive?

### Our findings

People and relatives we spoke with throughout the course of the inspection informed us that staff provided a responsive level of care and support which was needed. Comments we received included "They [staff] know me inside out" and "All of the girls [staff] have that nature to keep [relative] calm."

During the inspection we reviewed assessment records, care plans and risk assessments. There was one dedicated staff member who conducted all assessments. Assessments contained a significant amount of information which then enabled the registered provider to determine if they could provide the level of care and support which was needed.

Records were person centred and provided staff with a good level of information in relation to the person they were supporting. All staff explained that they would be introduced to the person before any support was provided and they would always ensure that they were familiar with care plans and risk assessments before providing care.

Care plans we reviewed included daily routines, activities, dietary needs, mobility and specialist support. Staff were provided with detailed information about the care which people required and how this care should be delivered. For example, one care plan stated '[Person] to be assisted with bathing, encourage [person] to remain as independent as possible.' Another care plan contained details of a person's health condition, how this affected the person and how staff needed to provide specialist support. This meant that people were receiving a level of care which was individually tailored to their needs.

We reviewed detailed daily care records for people who were being supported. These provided comprehensive details of the care that was provided at each visit. In addition, the records also reflected how the support was provided in line with the person's personal needs, wishes and preferences.

Care records demonstrated how people were supported to remain as independent as possible. For example in one care record we reviewed it stated "[Person] likes to occasionally go for a walk" and in another it stated "[Person] can mobilise, encourage to remain independent." This meant that staff were encouraged to help people remain independent as well as treating them with dignity and respect.

There was a formal complaints policy in place. The procedure for making a complaint was clear and people and relatives we spoke with were familiar with the process. The complaints policy was provided to people from the outset and people expressed that they would be happy to make a complaint if they needed to. A number of informal complaints had been received in the past 12 months and had been responded to correctly. At the time of the inspection there were no complaints being responded to.

The registered provider demonstrated how they were responsive and supportive to the different needs of the people they were supporting. For example, the registered provider circulated a monthly 'senior snippets' newsletters. 'Senior snippet' newsletter was a 'monthly advisory column' which contained significant information for people to be made aware of. The monthly advisory column was based around a different

topic each month, providing valuable information such as 'dementia awareness' and 'tips for successful ageing'. This meant that people were receiving information, advice and guidance which could benefit their health and well-being.

## Is the service well-led?

### Our findings

There was no registered manager at the time of the inspection. The previous registered manager had voluntarily de-registered with the Care Quality Commission (CQC) in July, 2017. The registered provider was actively recruiting for the position of registered manager and was hoping to appoint following interviews which were taking place.

As of April 2015, providers were legally required to display their CQC rating. The ratings are designed to provide people who use services and the public, with a clear statement about the quality and safety of care being provided. The ratings inform the public whether a service is outstanding, good, requires improvement or inadequate. The rating from the previous inspection was displayed for people to see in the domiciliary care office. No recent statutory notifications had been submitted to the CQC but the registered provider was aware of their responsibilities to submit notifications in accordance with regulatory requirements.

We received positive comments about the registered provider. Comments we received included "Brilliant, they [Staff] ring me quite often for various things, [relative] is treated excellently", "It's such a positive culture, I couldn't imagine it being any other way", "I'm very impressed, everyone is very kind, very caring" and "I'm very impressed with the service, much more efficient than anything else."

During this inspection we identified that there had been improvements made since the last inspection. We found that care plans were being regularly updated and reviewed, risks were being assessed and safely managed, medication management systems had been developed and accidents and incidents were being regularly reviewed and monitored. It was evident that the registered provider was committed to making the necessary changes and improvements in order to deliver safe, effective and compassionate care.

The registered provider had a variety of different measures in place to monitor, review and assess the quality and standard of care being provided. Systems included 'spot checks' during scheduled visits, care plan and risk assessment audits, 'client quality assurance forms', provider reviews, medication audits and medication competency assessments and annual 'client questionnaires'.

We saw evidence of action plans which had been devised as well as the results of the most recent 'client questionnaire'. Feedback included '100% of people were likely to recommend the registered provider', '100% of people say that staff arrived on time' and '94% of people felt their needs were well matched to the skills of the staff.' This meant that there was a consistent approach to monitoring the delivery of care being provided as well as ensuring that areas of improvement were being highlighted and addressed.

We reviewed the range of different policies and procedures which were in place at the time of the inspection. All policies were up to date and contained relevant guidance and information. Staff were also familiar with different policies we discussed with them such as safeguarding, whistleblowing, medication administration and health and safety.

Staff expressed that regular staff meetings took place and told us that the level of communication amongst

the team enabled them to 'keep on top of everything' they needed to know. Team meeting discussions included people who were being supported, training, recruitment, medication, safeguarding, incidents/accidents, complaints and audit/action plans.

As well as regular team meetings, we were also provided with the registered providers 'newsletter' which was circulated amongst the staff team twice yearly. The newsletter contained information about staffing and recruitment, training courses staff could access, alerts (such as cold and hot weather alerts) and any other significant information. This meant that the staff were included in the many different aspects of service provision and were informed of important information they needed to be aware of.