

Palm 2 Palm Ltd

Palm 2 Palm Reablement Services

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

About the service: Palm 2 Palm Reablement Services is a domiciliary care service and is registered to provide personal care to older and younger people, people with physical, sensory and mental health needs and people with dementia in their own homes. At the time of the inspection, thirteen people were using the service.

People's experience of using this service:

People received a service which was personalised and met their needs. The care provided enabled them to remain as independent as possible and to live in their own homes.

People were cared for by a consistent team of staff who were skilled and competent in providing care and reablement. Staff and the registered manager showed a genuine interest and passion to deliver personalised care based on people's likes, choices, wishes and preferences.

Support was planned and delivered in a structured way to ensure people's safety and wellbeing. Staff had access to up to date information about how to support people. Communication with health and social care professionals was effective in ensuring people received joined up care.

Systems were in place to audit the quality and delivery of care to people. The service was well led by an established registered manager who displayed strong values and led by example.

Why we inspected: This was the service's first inspection and rating and was comprehensive. The service was Good in all five key questions with an overall rating of Good.

Follow up: We will continue to monitor the service through the information we receive.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

Palm 2 Palm Reablement Services

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

Palm 2 Palm Reablement Services is a domiciliary care service and is registered to provide personal care to older and younger people, people with physical, sensory and mental health needs and people with dementia in their own homes.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the registered manager 48 hours' notice of the inspection. This was because the service is a domiciliary care service and we needed to be sure that someone would be at the office to meet with us.

Inspection site visit activity started on 5 March 2019 and ended on 6 March 2019. It included making

telephone calls to people who used the service and contact via telephone and emails with professionals to gather their feedback. We visited the office location on 5 March 2019 to see the registered manager and review care records and policies and procedures. We also met with seven staff at the office.

What we did:

We reviewed information we had received about the service since they were registered with us in March 2018 which gave us up to date information about how the service was being provided.

We spoke with four people who used the service and one relative. We also spoke with one senior care staff and the registered manager. We received information from two health care professionals.

We viewed a range of records including four people's care plans, their medicine charts and daily notes. We looked at three staff member's recruitment files and records relating to the management of the service and complaints and compliments that the service had received.

The registered manager sent us information we requested after the inspection and this included evidence of lessons learnt and continued learning and development.

Is the service safe?

Our findings

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

Systems and processes to safeguard people from the risk of abuse

- People were safe and protected from avoidable harm. Legal requirements such as those under the Health and Social Care Act 2008 and registration with CQC were met by the service and people received safe care. One person told us, "Oh yes, I am very safe indeed."
- Staff had received training in safeguarding people and understood their responsibilities to ensure that people were protected from harm.
- Safeguarding policies and procedures were in place which provided up to date guidance to staff. A staff member told us, "We have looked at them as part of our induction and know where they are if we need to use them for reference."

Assessing risk, safety monitoring and management

- People's care plans contained risk assessments linked to their needs and wishes. These recorded the activity, the level of risk identified, the actions staff should take to promote people's safety and the desired outcome for the person.
- Information about any health risks and relevant factors were taken into consideration to ensure the service could meet the person's needs.
- Environmental risks in the person's home were assessed to ensure it was safe. Support from professionals was obtained if equipment was required.
- Reviews of people's circumstances were completed when any changes to their care was needed, such as any admission to hospital or receiving palliative care.

Staffing and recruitment

- The registered manager followed a comprehensive recruitment process for the employment of staff. All relevant information about applicants had been obtained and checked.
- Relatives told us that staff were punctual and stayed the full time. They usually had the same staff providing care.
- There were enough staff to support people safely. Recruitment for new staff was an ongoing process to ensure sufficient staff were always available.
- The registered manager considered the skills and experience each staff member had when planning the rota to ensure people were supported by competent staff. They tried to match the personality and compatibility of each staff member with the person they would be caring for. One person told us, "Matching us with the right care staff is important so you can get on together, its helps to build good relationships."

Using medicines safely

- The service had systems in place to manage people's medicines and people were supported to take them safely.
- Staff completed training in medicine administration. Checks on their competency to administer medicines were completed by the registered manager.
- Records and feedback from people showed medicines had been administered as prescribed and in a way people wanted them.

Preventing and controlling infection

- Staff completed training in infection control and food hygiene to keep people safe from harm.
- Protective clothing such as aprons and gloves were readily available for staff. One person told us that staff were, "Very clean and tidy." Another said, "I have no concerns in that area, especially around preparing my meals."

Learning lessons when things go wrong

- Incidents and accidents were recorded and reviewed by the registered manager to identify any areas where support could be improved to prevent re-occurrence. They told us of lessons they had learnt since the service began and how this learning had improved the service. For example, a staff member failed to attend a visit to a person or to let the office know that they had not attended. The rota system in place was not able to show whether calls were being completed or if the staff were on time. After research into different technology, the service implemented a system which monitored responsiveness of calls in real time, communicated rotas and care planning changes with staff immediately. This system provided safety and reassurance to people who used the service and their relatives.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this

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

- The registered manager supported staff to provide care to people in line with best practice guidance and legislation.
- People's needs were assessed and regularly reviewed. This included the outcomes people hoped to achieve from their planned care and reablement. Some of people's protected characteristics under the Equalities Act 2010 were identified such as age, disability, religion, and sex. However, ethnicity and sexual orientation were not routinely identified or recorded as part of their needs assessment. We spoke with the registered manager about the lack of recognition of some aspects of people's lives. They agreed to consider reviewing their assessment and recording process for it to be more person centred and comprehensive.

Staff support: induction, training, skills and experience

- Staff received an induction and shadowed experienced staff before they worked with people on their own. The Care Certificate was used as part of the induction process as good practice. The Care Certificate is an identified minimum set of standards that health and social care workers adhere to in their daily working life.
- Staff attended training in a range of topics central to their role and this was refreshed when appropriate.
- Staff were supported and received supervision. One staff member said, "It is a very welcoming and friendly place to work. There is always help around if you need it."
- Checks on staff practice within the person's home were completed. Comments recorded from one observation included, "Work of excellent standard and [staff member's name] was kind and compassionate."

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

- People were supported with shopping, preparing meals and being given drinks of their choice.
- Staff supported and encouraged people to try and maintain a healthy diet.
- People's likes and dislikes were recorded and staff knew people's needs well. One staff member told us, "One person I go to likes to go shopping so I meet them at the shops and then we whizz around, it's like Supermarket Sweep."

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

- There was effective communication and joint working with health and social care professionals. One healthcare professional told us, "I have found the agency easy to work with, and they were keen to become

dementia friendly, and undertake any work that involved. The staff I have dealt with in the caring roles all really seemed to know their clients, and the management appear supportive."

- Staff worked well with professionals to enhance and maintain people's independence and dignity.
- Staff followed the recommendations from professionals when people were discharged from hospital for reablement to help them regain their skills and confidence.

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

- Where people required health or social care services, staff made referrals and liaised with professionals to attend appointments and assessments of their care package.
- Records showed that referrals to health and social care were made in a timely way to enable people to maintain their health and independence.
- Professionals, staff and families worked together to enable care to be delivered that was effective. For example, on behalf of one person, the registered manager had contacted the specialist dementia team so that appropriate support could be put in place.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA.
- We saw evidence that the service was working within the MCA. Assessments were undertaken, people's capacity recorded and consent to care arrangements and the sharing of information obtained.
- Where people did not have capacity, they were supported to have maximum choice and control of their lives. Details of their legal representatives were recorded if known.
- Staff had received training in the MCA and understood the importance of gaining consent before providing support. One staff member said, "We make sure we ask people what they would like." Another said, "I always check with them, take my time with them and respect how hard some things are for them."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care

Ensuring people are well treated and supported; respecting equality and diversity

- People told us that staff were kind, courteous and friendly. One person said, "I am touched by their thoughtfulness." Another person said, "I was stressed one day and when [name of staff member] came, they said, 'Don't worry, I am here now, I will get you something to eat and I will sort it all out for you,' it was so very lovely."
- Staff showed a good awareness of people and their families. They talked and wrote about people in a caring and respectful way.
- Evidence in the care plans and in the daily notes showed that staff provided support to people in line with good person-centred care.

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

- People and their families were fully involved in their assessment and care arrangements. One person said, "I feel very involved in things and included." A family member told us, "We put the plan together with [relative] and [name of staff member] although it changes, it is working really well. The communication between the service and myself is very good indeed, it is very reassuring to know [relative] is safe."
- People's views about the service were regularly asked and any changes or discussion needed was picked up by the registered manager. Comments recorded included, "This is the topmost agency, even the managers come out, unheard of elsewhere. Par excellence" and "An outstanding standard of care, staff go above and beyond."

Respecting and promoting people's privacy, dignity and independence

- People's needs were recorded in a clear and sensitive way. People's likes, dislikes and preferences were respected and considered. For example, "Make the bed ensuring bottom sheet is crease free and tucked in tightly" and "[Name of person] to have their phone, prayer book and glass of water by their side" "Likes to have fish on Friday, no meat."
- Staff treated people with dignity and respect and provided compassionate support in an individualised way. One family member told us, "The staff know [relative's] ways very well. They try to encourage them to do things at their own pace." One staff member said, "I treat people like they are my own family, true respect and caring." One health care professional told us, "We have had a number of clients giving us informal feedback to indicate a very good level of care."
- People's confidentiality was respected. Guidance was in place to ensure staff knew about protecting people's information.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People, their families and legal representatives contributed and consented to their care arrangements.
- Care plans contained information about people's diverse physical, social, sensory and mental health needs. Their choices, personal preferences and the outcomes they wanted to achieve were recorded. One person said, "Sometimes they [staff] are more than helpful, doing things for me that I really should be doing for myself."
- Staff knew how to support people from the person-centred and descriptive way information about them was written.
- The staff team understood people's communication and sensory needs and how they should be met. The records showed people's individual's preferred ways of communicating and, if they required information in an accessible format, such as in large print. The service was meeting the Accessible Communication Standard.

Improving care quality in response to complaints or concerns

- A system was in place to deal with any concerns that were raised. The service's statement of purpose included the complaints process to follow.
- People told us they knew how to complain. We saw that complaints, concerns and comments had been dealt with appropriately and satisfactorily with formal apologies sent. One person said, "When I raise things, I know they will be dealt with quickly." The registered manager told us that one person had made suggestions about the wording of the satisfaction survey. As a result, this had been changed to read as they suggested.

End of life care and support

- Systems were in place to support people and their families when a person was coming to the end of their life and would need palliative care. At the time of the inspection, one person was receiving end of life care.
- Staff told us about how they supported people and their families and worked closely with the palliative care team so that people could have the best care possible at the end of their life.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

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

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

- The registered manager had the skills, knowledge and experience to lead the service. They were committed, caring and lead by example. One staff member told us, "The registered manager is really great, so understanding about my working hours." Another said, "I would give the manager and the company 10 thumbs up if I had them." A health care professional told us, "From experience I am aware of their strict work ethic to ensure the best quality of care for service users."
- People's needs were assessed and monitored, and their rights protected. Staff were aware of the rules on protecting and keeping people's information safe.
- The registered manager understood their responsibility under the duty of candour to be open and honest and take responsibility when things go wrong.

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

- The registered manager and staff were passionate about the service they provided and were clear about their responsibilities to provide good quality and personalised care to people.
- The registered manager understood their requirements within the law to notify us of all incidents, accidents, deaths and safeguarding alerts.
- Audits and checks took place to monitor the quality of the service delivered. We discussed with the registered manager that audits of medicines, infection control and observations of care were not as robust as they should be to enable the service to better monitor the quality and delivery of the service. They informed us shortly after the inspection that a more thorough process had been put in place, with a team meeting planned shortly to discuss and implement this with the staff.

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

- The service fully engaged with people, their families and staff.
- The registered manager was proactive in engaging with community services to resource additional help for people. This included liaison with the local parish nurse and the Dementia Action Alliance.
- Staff attended team meetings which involved them in developing the service. Staff members described working for the service as positive, welcoming, diverse, caring and made them feel looked after and valued.

- Effective communication systems were in place to ensure that staff were kept up to date with any changes to people's care and support.

Continuous learning and improving care

- Management meetings were held to discuss the business of the service and future planning. The registered manager told us that these had been informal but would now record discussions, decisions and actions. They told us, in doing so, this would provide clearer oversight of the service and how they monitored and developed it in line with their statement of purpose, vision and values.
- Lessons had been learnt during the development of the service such as call time monitoring and new practices put in place for continuity and quality of care delivery.

Working in partnership with others

- The service worked in partnership with others for the benefit of the people they served.
- Referrals to professional health and social care services, follow up calls, updating care plans with advice and changes to people's care needs were undertaken to ensure they received the right level of care when they needed it.