

Pendeen Community Care Ltd

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Inspection report

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Date of inspection visit:
16 May 2016
18 May 2016

Date of publication:
15 June 2016

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

Pendeen Community Care provides care and support to predominantly elderly people in their own homes. The service provides help with people's personal care needs primarily in Camborne, Redruth and surrounding areas.

At the time of our inspection 67 people were receiving a personal care service. These services were funded either privately, through Cornwall Council or NHS funding.

There was a registered manager in post who was responsible for the day-to-day running of the service. A registered manager is a person who has registered with the Care Quality Commission 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 and associated Regulations about how the service is run.

We carried out this announced inspection on 16 and 18 May 2016. The service was last inspected in February 2014 and was found to be meeting the regulations.

People we spoke with told us they were positive about the support they received from the service. They said the service was, "Absolutely brilliant", "Very good, no fault to find whatever," "Really good, I can't fault anyone" and "A very good company, caring, I don't think there is anything wrong." A social care professional told us the service was, "Extremely helpful and diligent."

People told us they felt safe. Staff had received training in how to recognise and report abuse. All were clear about how to report any concerns and were confident that any allegations made would be fully investigated to help ensure people were protected.

There were enough suitably qualified staff available to meet people's needs. The service was flexible and responded to people's changing needs. People told us they had a team of regular staff and their visits were at the agreed times. People told us they had never experienced a missed care visit.

People received care from staff who knew them well, and had the knowledge and skills to meet their needs. People and their relatives spoke very highly of staff and typical comments included; "Very good", "Very, very caring", "All the staff are very nice and friendly," and "Brilliant, absolutely brilliant".

Staff were knowledgeable about the people they cared for and knew how to recognise if people's needs changed.

Staff were aware of people's preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. Staff were kind and compassionate and treated people with dignity and respect.

The management had a clear understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

Staff told us there was good communication with the management of the service. Staff said management were, "Very approachable," and "Really helpful."

There were effective quality assurance systems in place. The service had an effective management team, and Care Quality Commission registration, and notification requirements had been complied with.

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.

People told us they felt safe using the service.

Staff knew how to recognise and report the signs of abuse.

There were satisfactory numbers of suitably qualified staff on duty to keep people safe and meet their needs.

Is the service effective?

Good ●

The service was effective.

People received care from staff who knew people well, and had the knowledge and skills to meet their needs.

People's capacity to consent to care and treatment was assessed in line with legislation and guidance.

People received suitable support with eating and drinking, and their health care needs.

Is the service caring?

Good ●

The service was caring.

Staff were kind and compassionate and treated people with dignity and respect.

People's privacy was respected. People were encouraged to make choices about how they lived their lives.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care and support responsive to their changing needs.

Care plans were kept up to date.

People were able to make choices and have control over the care and support they received.

People told us if they had any concerns or complaints they would be happy to speak to staff or the manager of the service. People felt any concerns or complaints would be addressed.

Is the service well-led?

The service was well-led.

People and staff said management ran the service well, and were approachable and supportive.

There were systems in place to monitor the quality of the service.

The service had a positive culture. People we spoke with said communication was good.

Good ●

Pendeen Community Care 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 was 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 of Pendeen Community Care took place on 16 and 18 May 2016. One inspector undertook the inspection. Before visiting the service we reviewed the Provider Information Return (PIR) and previous inspection reports. The PIR is a form that asks the provider to give some key information about the service. We also reviewed other information we held about the service such as notifications of incidents. A notification is information about important events which the service is required to send us by law.

During the inspection we went to the provider's office and spoke with the registered manager and three other managers. We had contact with seven staff by email or telephone. We looked at four records relating to the care of individuals, five staff recruitment files, staff duty rosters, staff training records and records relating to the running of the service.

We visited ten people in their own homes. We also spoke on the telephone with a further nine people. We met, or spoke on the telephone with six relatives. We also had contact with two social or healthcare professionals. We also carried out a postal survey. We sent surveys to 50 people who used the service and received responses from 23 people (46% response); 25 staff of whom 8 responded (32% response); 50 relatives of whom 1 responded (2% response), and surveyed 4 community professionals of whom 2 responded (50% response.)

Is the service safe?

Our findings

People told us they felt safe using the service. They said (I am) "definitely safe", and "Very safe with them... They are a very good lot of people." A health care professional said, "I feel Pendeen have a very safe service...they have gone out of their way to ensure that people will be safe and well supported in their home(s)." All respondents, from different groups, said people were safe from abuse and harm.

Staff had received training in safeguarding adults and were aware of the service's safeguarding and whistleblowing policies. They were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. Staff told us they would have no hesitation in reporting any concerns to management, and they said they thought management would take necessary action. Staff received safeguarding training.

The service did not have any involvement with people's personal finances. We were told staff did some shopping for people, but when this occurred all payments were made in cash. Staff did not have access to people's bank accounts, or PIN numbers for payment cards. People we spoke with said they did not believe any personal belongings had gone missing when they received care visits, and they trusted their personal belongings with the care staff employed by the agency.

Assessments were carried out to identify any risks to the person using the service and to the staff supporting them. Assessments completed included environmental risks, and any risks in relation to the health and support needs of the person. Staff were informed of any potential risks before they went into someone's home for the first time.

Staff were aware of the reporting process for any accidents or incidents that occurred. Managers ensured accidents and incidents were reviewed. Appropriate action was subsequently taken, and where necessary changes are made to reduce the risk of a re-occurrence of the incident.

There were enough staff available to keep people safe. Staffing levels were determined by the number of people using the service and their needs. People said staff who visited them were well matched, and "Very compatible," with them to meet their needs. We were told, by two people, that if they had not felt a member of staff was suitable, they had informed managers, and the person had not visited them again. Staff felt that there were enough staff to meet people's needs. Managers told us they were currently trying to recruit some more staff.

The service produced a staff roster each week to record details of the times people needed their visits and what staff were allocated to go to each visit. A copy of the rota was issued to staff on the preceding Friday for the following Monday. We received mixed views whether staff were allocated time to travel between calls. Most said this was the case, although some staff said they did not receive this. Visit schedules showed that travel time was allocated for visits between many appointments, although this did not appear to be the case if visits were close to each other. Staff told us they were paid travel time. One of the managers said she ensured that travel between visits was a reasonable length to ensure staff were not late, or travelling for

unnecessary periods of time.

A member of the management team was on call outside of office hours and carried details of the roster, telephone numbers of people using the service and staff with them. This meant they could answer any queries if people phoned to check details of their visits or if duties need to be re-arranged due to staff sickness. People had telephone numbers for the service so they could ring at any time should they have a query. People told us phones were always answered, inside and outside of office hours.

Staff had been recruited using a suitable recruitment process to ensure they had appropriate skills and knowledge to provide care to meet people's needs. The owner said management would be very "choosy" about staff who were employed. She said the agency did not necessarily employ people who had previously worked in the care industry, and the most important quality job applicants needed to demonstrate was that they 'cared' for people. The owner felt this had been very beneficial in assisting to provide a good quality service. The owner said staff turnover was thought to be very low, with many staff having worked for the service for many years.

Most staff recruitment files contained relevant recruitment checks to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks. However, one file did not contain evidence that a DBS (or a Criminal Records Bureau check, which preceded the DBS process). The person had been with the service since 2002, and the owner of the service (registered provider) said the check had possibly been lost or misfiled. She said she would arrange for the check to be recompleted.

Some people needed help with their medicines and the assistance needed was detailed in care records for example if people needed to be physically given their medicines, or whether they just needed to be reminded to take it. The service had a medicine policy which gave staff suitable instructions about how to help people with their medicines. Staff who administered medicines had received training in the administration of medicines, although 7 out of 26 of the total staff group had no record of receiving this. The owner of the service said where there was any risk that people mishandling their medicines, these were stored in locked cabinets in people's homes.

People said staff were always well dressed, and clean and presentable. We were told staff, where necessary, always wore disposable aprons, and gloves. Staff also told us aprons and gloves were always provided for them, and they also were provided with anti-bacterial gel. Infection control training was provided during induction. More detailed training was subsequently provided, although five out of twenty six staff had not yet received this.

Is the service effective?

Our findings

People received care from staff who knew them well, and had the knowledge and skills to meet their needs. People and their relatives spoke well of staff, comments included; "They are lovely," "They are brilliant: 15 out of 10," and, "Very, very good. I can't fault it (the service)." An external professional told us, "I am impressed with this agency's care and professional approach," and another professional said, "I have always found the staff to be extremely supportive and caring towards people."

Staff completed an induction when they started employment. Staff told us this included spending time with managers to discuss policies and procedures. New staff also completed at least five shifts with more experienced staff so they could get to know people's needs, and any routines they needed to follow. Staff received a copy of the organisation's "Staff Handbook" which provided them with relevant information about the organisation, and key policies and procedures. The registered manager was aware of the Care Certificate framework which replaced the Common Induction Standards with effect from 1 April 2015. The registered manager said all new employees would now receive support to obtain the Care Certificate. There was suitable documentation on staff files to show people had received an induction. The owner said all staff had a three monthly probationary period. The owner also told us when staff had completed the Care Certificate; they were enrolled to complete a Diploma in Care.

Staff told us they received "Lots of training," and there was "Always something," available to do. Training records showed staff received training in topics including moving and handling, health and safety, infection control, safeguarding, dementia, food handling, first aid and fire prevention. Staff records showed there were some gaps in the delivery of some training, for some individual staff. The registered provider noted this and said training would be arranged as soon as possible.

Staff told us they received supervision and an annual appraisal. Supervision gives staff a formal opportunity to discuss their performance and identify any further training they require. Staff said managers were, "Really helpful," and "There was always someone in the office if you have any questions." Staff we spoke with said they had received supervision and an appraisal. The owner of the service said managers would complete unannounced checks, and work alongside staff to check their work was completed to a good standard.

Most people who used the service made their own healthcare appointments and their health needs were coordinated by themselves or their relatives. However, staff were available to arrange and support people to access healthcare appointments if needed. Staff also worked with health and social care professionals involved in people's care if their health or support needs changed. People told us about occasions when care appointments had to be rearranged, at short notice, so they could attend health appointments. We were told when this had occurred; changes were carried out efficiently and effectively. For example one person told us, "They put themselves out to get me ready very early when I had to go to hospital."

Staff supported some people at mealtimes to have food and drinks of their choice. People said support received was suitable, and when staff prepared food this was always done well, and meals were served hot, and any support they needed with eating and drinking was according to their personal needs.

Staff told us they asked people for their consent before delivering care or treatment and they respected people's choice to refuse support. For example people told us staff would always say "Can I do x" or "Is it okay if I do y," and were always polite and respectful. People also said they were always addressed in their preferred manner for example 'Mr', 'Mrs' and by their first names only when there was agreement.

People told us they had a team of regular staff and their visits were at the agreed times. People said staff had not missed any visits. People also reported that if staff were delayed, they would always be phoned to minimise anxiety. Staff told us if they were running late they were to ring the office or the on call. A decision was made by the person in charge to either let the person know when the carer would arrive, or for an alternative carer to be sent. Staff said visit lengths were usually satisfactory for them to deliver the care which was needed. We were told if people needed more time, staff would notify management, and where possible an increase in the length of the visit would be arranged. In our survey, all or a significant majority (plus 90%) of the 23 people who responded, and relatives, were all positive about staff time keeping; people being allocated and staying for the correct amount of time to provide care; and staffing knowing the needs and preferences of people they support. Responses to our postal survey also confirmed people received support from a consistent group of staff, who arrived on time and completed the correct tasks they needed to complete.

The management understood the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for them had their legal rights protected. 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 people lack mental capacity to take particular decisions, any decisions 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. Managers demonstrated a satisfactory understanding of the Mental Capacity Act, and their legal obligations under it.

Is the service caring?

Our findings

People received care, as much as possible, from the same group of care workers. People and their relatives told us they were happy with all of the staff and got on well with them. People said staff did not appear rushed. People told us; "(staff are) wonderful...nothing is too much trouble," "They are very flexible, helpful. It is a joy to meet them, they are most accommodating," "(They are) kind and considerate," and "They are very good company. They are very caring." Several people described staff as like "Family" or "Friends." A healthcare professional told us, "They show a great deal of empathy especially towards people." Our postal survey judged the majority of respondents (plus 90%) were happy with the care and support they received from the service, staff were caring and kind, and people were treated with respect and dignity.

People we spoke with and those who responded to our survey consistently reported that their care staff always treated them respectfully and asked them how they wanted their care and support to be provided. People said their staff were kind and caring, for example staff were described as "Compassionate," "Lovely," and "I would recommend them to royalty."

None of the people we spoke with said staff ever outwardly appeared to be rushed, or cut corners in the care provided to them. Staff generally arrived for care appointments on time, and always stayed for the correct amount of time. People said they were always asked at the end of the visit if they wanted any other assistance. People said necessary items e.g. a drink, walking sticks, TV remotes were always left within reach, for example if the person had mobility difficulties. Staff were described by one relative as very good at "Looking ahead about what might be difficult," or "What might need to be done," such as "Filling the tea caddy," or "Putting the rubbish out."

The majority of people said their homes were always kept tidy at the end of a visit. For example bins emptied, the kitchen and bathroom kept tidy. One relative did raise a concern to us, which we passed on to the registered provider, who said they would look into the matter, and try to resolve it to the relative's satisfaction.

People were aware of their care plans, and they were available in people's homes to read. Most people we met said they had been involved in drawing up, and in reviewing, their care plans. Everyone we spoke with said the care they received was completed in a manner they wanted.

The care records we inspected were to a good standard. They contained a concise, but satisfactory care plan and relevant risk assessments. Records at the service's office, contained assessments completed by the care commissioners such as the health care trust or local authority.

People said they felt information about them was kept confidentially. People and staff said they did not think information was shared with others, unless there was a suitable reason to do so. People told us staff would never talk about others who used the service, and they had no reason to believe staff ever spoke about their care with others who received support from Pendeen Community Care. For example someone told us, "You never ever hear where they have come from."

People said they felt staff did their best to encourage people to be as independent as possible. For example staff would encourage them to do tasks for themselves, or to relearn how to do things for themselves if for example the person had a stroke or had been in hospital for a long period of time.

The service provided 'End of Life' care for some people. The owner of the service said the service had well developed links with the local hospice, and the palliative care team. Some of the staff were completing, or had completed a course about the awareness of end of life care. A health professional said, "They always show a great deal of empathy especially towards people with a terminal diagnosis who are returning home."

Is the service responsive?

Our findings

Before staff began to support people, managers went to meet the person and completed an assessment. People we spoke with said a manager had met with them to ask what help they needed, and to find out what their needs were. Where possible assessments completed by the local authority or healthcare trust are obtained, and these were kept on most of the files we inspected.

Care plans were developed with the person from information gathered during the assessment process. People were asked for their agreement on how they would like their care and support to be provided and this information was included within their care plan. Although care plans were concise, they provided staff with clear guidance and direction about how to provide care and support that met people's needs and wishes. Some care plans provided a brief history of the person, although this information was not provided on every file we inspected. Such information would give staff useful information about people's backgrounds and interests to help them understand the individual's current care needs.

The staff we spoke with said care plans accessible to them both in people's homes, with a master copy stored at the service's office. Staff were involved with the daily update of records for the people they worked with. Staff said they knew well the people they worked with. When new people received care from the service, they were informed by managers of people's needs. Staff also said they were informed by managers of people's changing needs either through a weekly newsletter issued to staff, by telephone or face to face when they visited the office.

The service was flexible and responded to people's needs for example managers tried to ensure care appointments were at times which suited people, and changes were made, often at short notice, if people had to attend health appointments or were going out for a special occasion. One person who had asked for a change described the agency as "So obliging it is unbelievable."

People said they would not hesitate in speaking with staff if they had any concerns or complaints. Details of how to make a complaint were contained in the organisation's 'Service User Guide' which was provided to people when they started with the service. A copy of the organisation's complaints procedure was also contained in their files, which were kept at people's homes. People we spoke with said they found office staff approachable and were sure, if they needed to make a complaint, it would be taken seriously and resolved to a satisfactory standard. The owner of the service said there had been no complaints in the last year.

The registered manager said there were good links with GP's, district nurses, community psychiatric services, and social workers.

Is the service well-led?

Our findings

The people we spoke with were positive about the management of the service. Survey respondents said they knew who to contact at the service if they needed to and people described management as; "Very pleasant," "Very nice," "Very switched on," "They know their onions," and, "Very efficient, very helpful." A community professional said management were "Extremely helpful."

People told us they knew who to contact in the agency if they needed to, the telephone was always answered promptly, and staff at the office were always as helpful as possible. People told us communication with the agencies' office was "Good as gold" and "Very helpful." While we were at the office we witnessed any telephone calls being answered professionally, and staff were helpful in how they resolved any queries. Discussion within the management team showed genuine concern for people who used the service, with an emphasis on trying to resolve any problems or queries people had.

Staff said there was a positive culture in the organisation. For example we were told, "I am very happy working at Pendeen. They are a lovely company," "We all work well together," and "It is a good company to work for." Managers were described as "Helpful and supportive," and "Polite," "Friendly and Professional," and "Very approachable." We were told there were occasional staff meetings. We saw minutes of staff meetings dated May 2016, November 2015 and October 2014. The owner said she planned to have group meetings with relatives to assist with communication, and to help maintain and improve standards.

There was a management structure in the service which provided clear lines of responsibility and accountability. The registered manager, worked alongside the Managing Director to ensure the smooth day to day running of the service. A third manager also provided assistance, as well as having responsibility for staff planning and human resources. Staff said they knew which manager to approach about certain issues, and any concerns were resolved appropriately. There was an out of hours on call service. People we spoke with said when they had used this, any queries and problems had been resolved satisfactorily.

The service had effective systems to manage staff rosters; assessment and care planning; training; staff supervision and appraisal.

The registered persons monitored the quality of the service provided by regularly speaking with people to ensure they were happy with the service they received. People and their families told us the management team were very approachable and they were included in decisions about their care. Management said some spot checks were carried out to ensure care visits were completed to a satisfactory standard.

People were asked for their views on the service through informal discussion with staff and managers, and through an annual survey of people, their relatives and community professionals. A survey had been completed in March 2016, and the results showed people were happy with the service. This was corroborated by our survey which also found people were happy with the service. The service had other quality assurance measures in place such as audits of care plans, staff training, accidents and incidents.

The manager was registered with the CQC in 2013. The registered persons have ensured CQC registration requirements, including the submission of notifications, such as of deaths or serious accidents, have been complied with.