Penwith Care Ltd

Penwith Care

Inspection report

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires improvement

Overall summary

Penwith Care is a small domiciliary care agency which provides support to people in their own homes in and around St Ives Bay. At the time of our inspection Penwith Care was providing support to 32 predominantly older people.

This inspection took place on 24 and 26 June 2015 and was announced 24 hours in advance in accordance with the Care Quality Commission's current procedures for inspecting domiciliary care services. The service was previously inspected in July 2014 when it was found to have failed to have complied with some of the requirement of the regulations. Staff had not received appropriate induction, training or formal supervision. In addition the service records were disorganised. Some people's care records did not include any information about their care needs and some staff files and training records were missing.

The organisation was led by a registered manager who also owns the business. A registered manager is a person who has registered with the Care Quality Commission to

Summary of findings

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.

People were happy with the care they received from staff who they got on with well. People's comments included; "they are good company we have quite good fun together", "very pleasant ladies" and, "They [Staff] are all very nice and definitely look after me."

The service had recently experienced a number of management challenges when a number of staff had resigned. Throughout this period the registered manager had endeavoured to ensure people's care needs were met. Where the service was unable to meet people's needs the registered manager had worked with commissioners to arrange for people's care to be transferred to other providers.

Records demonstrated that low staffing levels had impacted on the timing of people's care visits. During the week prior to our inspection we saw some visits had been provided over an hour early while other care visits had been over two hours late. People who used the service told us; "Mostly arrive within half an hour, they tend to be early at the moment" and, "not exactly to time but it does not matter". Health and social care professionals commented, "they do their very best but sometimes they can be very late". We found, however, that once staff arrived they normally provided the full length of planned care visits and we did not identify any incidents when the care visits did not take place.

Staff visit schedules showed staff regularly supported the same people and were able to develop caring relationships with the people they supported. People told us; I have the same carer all week" and, "They [Staff] are all very nice and definitely look after me." While staff said; "I know all my client's well" and, "my rota does not change much, I see the same people every week."

The service was in the process of actively recruiting additional staff to enable the service to meet people's care needs. However, the failure to complete necessary pre-employment checks or provide induction training before allowing staff to deliver care exposed people who used the service to unnecessary risks.

The registered manager had recognised they needed additional management support and a consultant had been appointed to act as the service's deputy manager. The registered manager and consultant were aware of most of the areas of concern identified during the inspection and were in the process of planning how these issued could be resolved. Staff said, "the manager knows things need to change, which is why the consultant is here".

Care plans were available for all of the people who received care and support from Penwith Care. Each person's care plan was up to date and included sufficient information to enable staff to meet people's care needs. Staff said the care plans were, "useful", "good" and, "kept up to date".

People's feedback was valued by the service. Complaints had been appropriately investigated and resolved to people's satisfaction. A survey was in progress at the time of our inspection and initial feedback people had provided was positive.

We found 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.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was generally safe. However, staff shortages and poor recruitment practices had exposed people to unnecessary risks.

Staff understood their role in relation to the safeguarding of adults and mangers ware aware of recent changes to the processes for the reporting of concerns to the local authority.

The service used it's call monitoring system effectively to ensure that care visits were not missed.

Is the service effective?

Requires improvement

The service was not effective. Staff had not received appropriate induction training.

The service had not consistently provided staff with the training they required and staff supervision had not been provided regularly. The registered manager was aware of these issues and had begun to take action to address these concerns at the time of our inspection.

Is the service caring?

Good

The service was caring. People told us they got on well with the staff who supported them

People's privacy and dignity was respected by staff and care plans included guidance for staff on how to support people to make decisions about the care they received.

Is the service responsive?

Good

The service was responsive. People's care plans were detailed and personalised. These documents contained sufficient information to enable staff to meet their identified care needs.

People knew how to raise complaints about the service and reported that any concerns they raised had been resolved appropriately.

Is the service well-led?

Requires improvement

The service was not well led. Staff morale was low and a number of staff had recently resigned from the service.

The resignation of large numbers of staff had resulted in significant managerial challenges which the registered manager had dealt with appropriately to ensure people's care needs were met.

Additional support for the registered manager had been commissioned from a consultant and staff recognised this was leading to improvements within the service.

Summary of findings

The service quality assurance systems were not operating effectively as daily care records were not regularly returned to the office for review.

Penwith Care

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 checked 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 24 and 26 June 2015 and the provider was given 24 hours notice of the inspection in accordance with our current methodology for the inspection of domiciliary care agencies. The inspection team consisted of one inspector.

Prior to this inspection we reviewed information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we met and spoke with the five people who used the service, two relatives, four members of care staff, the registered manager, the service's management consultant and, two health professionals who regularly worked with the service. In addition we also inspected a range of records. These included four care plans, five staff files, training records, staff duty rotas, call monitoring data, meeting minutes and the service's policies and procedures.

Requires improvement

Is the service safe?

Our findings

People told us they felt "absolutely safe" while receiving care and support from staff provided by Penwith care. Staff told us, "my clients are definitely safe" and they were able to describe the actions they would take if they were concerned about someone they supported. One member of staff told us how they had reported a concern about a person's safety to the registered manager. The manager had listened carefully to the staff member's concern and supported them to make a safeguarding referral to the local authority for further investigation.

The registered manager was aware of recent local changes to arrangements for making safeguarding referrals and the new telephone contact number for the multi-agency referral unit was available from the services office.

Some aspects of the service's recruitment processes were not sufficiently robust to ensure people were appropriately protected. New members of staff had routinely been permitted to provide care before Disclosure and Barring Service (DBS) checks had been completed. On the day of our inspection we found one new member of staff was providing care visits before their DBS check had been completed. The service had not requested an "Adults first" check for this new member of staff. These checks are designed to enable employers to confirm an individual has not been barred from working with vulnerable adults before allowing them to observe care being given as part of their induction process. The failure to complete checks before allowing staff to provide care exposed people to unnecessary risk.

Staff files included records of interviews and we saw references and employment histories had been adequately checked. The service had recently identified a concern in relation to a prospective staff member's employment history. This had been fully investigated and effectively resolved.

At the time of our inspection there were not enough staff available to fully meet people's care needs. A significant number of staff and the deputy manager had recently resigned. Staff told us, "I enjoy it but I am overworked" and, "we need more staff". The manager had recognised that current staffing levels were insufficient and was in the process of actively recruiting additional care staff. As a result of the reduction in staff numbers the registered manager had identified the service was unable to meet the needs of everyone's care needs. The registered manager had reviewed the care needs of the people the agency supported and had identified a number of individuals the agency was no longer able to support. These individuals had been notified in advance of this situation and appropriate arrangements made for their care needs to be met by other services. Although the service was currently short of staff the recent recruitment drive had been successful and a number of new staff were expected to join the agency in the week following our inspection. The service's staff shortage had been well managed and the manager's actions were appropriate to ensure people's safety.

The service used a call monitoring system where staff reported their arrival and departure from each care visit by telephone. This information was monitored by the registered manager to ensure all planned care visits were provided. On the day of our inspection all planned care visits had been provided and the manager was aware of why individual members of staff were running behind schedule. The meant people were protected from the risk of missed care visits as the manager could identify the possibility of a visit being missed in real time and make appropriate arrangements for the visit to be provided by other members of staff.

During our examination of the visit monitoring records and daily care records we did not identify any occasions where care visits had been missed. One person said, "one morning they did not turn up at all, they offered me a later visit but I said no". Staff members described how the registered manager had occasionally asked them to provide additional visits at very short notice when other staff had failed to provide a planned care visit. One staff member said, "I go and do it to make sure people are safe". Though this demonstrated the service was effectively using the call monitoring information to ensure people's care needs were met, it was evident that there were not enough trained staff to effectively cover the planned visits.

The failure to ensure there were enough skilled and experienced staff available to meet peoples' needs was a breach of Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Most people's care documents included risk assessment that had been completed by senior carers or managers during initial visits to the person's homes. The risk

Requires improvement

Is the service safe?

assessments identified all of the risks to both people and staff during the provision of care. In relation to each identified risk staff were provided with guidance on the actions they must take to protect against the identified risks. A new risk assessment process was being introduced to the service at the time of our inspection. The new risk assessment forms were very long and it was unclear how these extended forms would further protect the individual.

The service had appropriate procedures in place to ensure staff were able to provide care effectively during periods of adverse weather. A four wheel drive vehicle was available and distribution of staff throughout the service's area of operation meant they were able to walk to all care visits if necessary.

Accidents and incidents had been recorded and appropriately investigated by the registered manager. Where these investigations had identified changes were required to procedures to ensure people's safety, these had been introduced promptly.

The service had clear policies in relation to the support they provided to support people with their medicines. Most people were able to manage their medicines independently with staff providing assistance to open or manipulate packaging. Two people, however, required more support with medicines. The service had agreed to support these individuals by administering their medicines from blister packs prepared by a pharmacy. Where staff administered people's medicines their care plans included detailed guidance for staff on how to ensure the person received their medicines safely. Medication Administration Record (MAR) charts were completed and signed by staff where they administered people's medicines.

The service had appropriate infection control policies in place and personal protective equipment including disposable gloves and aprons were readily available from the service's office.

Requires improvement

Is the service effective?

Our findings

At our previous inspection in July 2014 we found that Penwith Care's systems for the induction and training of new members of staff were ineffective and that staff had not received appropriate supervision. This was in breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

In comparison to our pervious inspection we found there had been some improvements in the training provided to staff. All staff now had a file recording the training and supervision they had received. In addition a training matrix had been developed to assist with the management of staff training needs. However, the service had routinely accepted training certificates from previous employers and had not provided new members of staff with all the training the service had identified as mandatory. The manager recognised the service's systems for ensuring staff were adequately trained were currently ineffective. The support of a consultant who was acting as the deputy manager had been commissioned. One of the consultant's roles was to introduce and deliver new training arrangements for staff. In the week prior to our inspection the consultant had provided additional training to staff and a number of staff had been registered to complete the level two care diploma.

Penwith Care's systems for the induction of new members of staff were inappropriate. On the day of our inspection one new member of staff who had not received any formal training or an induction from the service was providing care. This new member of staff had been rostered to provide care visits as the second carer for people who required support from two members of staff. Other recently appointed staff had not completed the common induction standards (CIS) training or other training in accordance with the requirements of the new Care Certificate. The registered manager was aware of these failings and had begun, with support from the consultant, to develop more appropriate induction procedures for new members of staff.

Since our last inspection staff had received some formal supervision and a number of spot checks to review the quality of care provided by individual members of staff had been completed by previous deputy managers. However, staff had not received any recent supervisions or spot checks and we did not find any records of annual performance appraisals having been completed in the staff files we inspected. Records showed one staff meeting had been held in 2015 and that regular weekly seniors meetings had been held until recently..

We discussed our concerns in relation to staff supervision and training with the registered manager and the service's consultant. The registered manager acknowledged that staff had not recently received enough support. The registered manager explained that in future the consultant would act as the service's deputy manager with responsibility for managing staff training and supervision needs. Staff recognised that the recent appointment of the consultant was a positive move and told us, "It's all starting to come together. We have had lots of training recently and extra support from the manager" and, "I've had loads of training recently".

The failure to provide staff with an appropriate induction to the service, adequate training and formal supervision is a continued breach of regulation 18(2)a of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing levels had adversely impacted the timing of people's care visits. We compared information on people's preferred visit times from their care plans with the service's staff visit rotas and call monitoring information. We found people were experiencing significant variation in staff arrival times. In the week prior to our inspection some care visits had been provided over an hour and a quarter early while others had been over two hours late. People recognised that the service had experienced difficulties in this area and commented; "they are a little late coming sometimes", "Mostly within half an hour, they tend to be early at the moment" and, "Not exactly to time but it does not matter". Health and social care professionals regularly involved with this service told us, "they do their very best but sometimes they can be very late".

Although staff arrival times were variable, we found once staff had arrived they provided the full planned care visit. Call monitoring information and daily care records showed that staff routinely stayed for the full length of planned care visits. Staff told us; "we have enough time for each visit" and, "I have enough time to sit and get to know people."

Requires improvement

Is the service effective?

The registered manager and consultant understood the requirements of the Mental Capacity Act (MCA) in relation to the care and support provided by the service. The MCA provides a legal framework for acting, and making decisions, on behalf of individuals who lack the mental capacity to make particular decisions for themselves. Although care staff were less clear on the detail of the legislation they recognised the importance of enabling people to make choices and ensuring that the care they provided was in the person's best interests.

People's care plans included detailed guidance for staff on how to support people to ensure they consumed sufficient quantities of food and drinks. Care plans included details of what people normally ate and how and when they liked their meals to be served. Daily care records included details of the food and drinks staff had prepared as well as details of what amounts people had received during care visits.

Penwith Care worked successfully with other health and social care services to ensure people's care needs were met. The service had supported people to access services from a variety of health professionals including GPs, occupational therapists, dentists and district nurses. Care records demonstrated staff shared information effectively with professionals and had appropriately challenged their advice when staff believed it was not in the person's best interests. Health and social care professionals told us, "They are very good at letting us know about any changes in people condition."

Good

Is the service caring?

Our findings

People told us their carers were; “very pleasant ladies”, “very good and reliable”, “very nice” and, “they are good company, we have quite good fun together”. One person’s relative who often observed the care provided by Penwith Care staff said, “I do see what the carers are doing, most do a lot more and are excellent. Some [carers] do a more basic level and that’s fine”. Another relative told us, “we feel the care is excellent”.

Staff spoke warmly of the people they supported. They told us; “I get on well with the clients, we chat a lot”, “I really like my clients, they are great” and, “People are getting the care they need. I believe the standards of care are very high.” Health and social care professionals who worked regularly with the service said, “generally we can rely on them to provide the care people need”.

Staff visit schedules showed staff regularly supported the same people and were able to develop caring relationships with the people they supported. Staff told us; “I know all my client’s well”, “my rota does not change much, I see the same people every week” and “I do the same run every day.” People told us; “I get on well with all of them”, “I have the same carer all week but it can be different ones at the weekend” and, “They [staff] are all very nice and definitely look after me.”

People were involved in both the development of their care plans and in day to day decisions about how their care was provided. People said; “I am in charge” and, “they always ask, do you fancy so and so today”. Care plans included guidance for staff on how to support and enable people to make choices about how their care was delivered. For example, one person’s care plan said, “If you lift dresses from behind the door, I will choose what I want to wear”. During our conversations staff described different techniques they used to support people to make decisions and how they respected people’s choices. One staff member told us, “I always ask the client what they want, and do what they ask.”

People described how their care staff regularly completed additional tasks and always asked if any further support was needed before leaving their home. People told us; “They do other little jobs for me and help put food out for the birds” and, “they do ask if I want anything else”.

When asked, staff described how they ensured people privacy and dignity was respected. Staff explained how they always ensured curtains and doors were closed when providing personal care. People’s care plans included specific guidance on how to respect each person’s privacy. People told us their care staff always treated them with dignity and said; “Yes, they do treat me with respect” and “respect, no problems with that.”

Where people had made decisions about the care they wished to receive at the end of their lives this information had been appropriately documented and recorded within their person’s care plan. This ensured that in the event of an emergency this information was readily available to staff and other health care professionals.

Good

Is the service responsive?

Our findings

People's care plans were sufficiently detailed to enable staff to provide care effectively. Each care plan included details of the person's medical condition and clear step by step guidance on how to provide care and support to the individual.

The care plans had been regularly reviewed to ensure they accurately reflected people's care needs. People told us they had been involved in the development of their care plans and commented that staff, "seem to know what to do and they know what I like." Staff said the care plans were, "useful", "good" and, "kept up to date".

All of the care plans we looked at were up to date and the registered manager explained that formal annual care plan reviews were completed during face to face meetings with people. People said they saw the manager and senior carers regularly and were involved in the process of reviewing and updating their care plans. People told us; "They do a review about once a year, they come and visit me" and, "they are supposed to be coming to do that [review of the care plan] this afternoon."

The service was in the process of introducing new more detailed care plans. The registered manager told us that so far approximately one third of the care plans had been updated. The care plans we looked at included a number of new style care plans which provided staff with additional information and more detailed guidance.

Although all of the care plans included appropriate guidance for staff on how to meet people's care needs they lacked specific information about the individual in need of support. The care plans did not include information about people's interests, hobbies or life history. These omissions meant staff were unable to use information about people's backgrounds to help them understand the person's current care needs. Where information had been recorded about people's "dreams for the future" and desired outcomes for care these comments were of a generic nature and did not reflect people's individual wishes. We discussed these issues with the registered manager and consultant who described how they intended to expand the information in these areas of people's care plans during future care plan review meetings.

Prior to our inspection we received information about an incident that was of concern. We discussed this incident with both the registered manager and consultant. This incident had been appropriately investigated by the registered manager, and a number of learning points and areas for improvement had been identified. The registered manager recognised the incident had not been handled correctly and the service's procedures had been updated to prevent similar incidents reoccurring.

People knew how to raise concerns or complaints with the service and told us, "[the manager] has told me to please tell her of any concerns that I have" and, "I think they are all right, everything is going well. I have no complaints". One person's relative said, "[the manager] has been very good all the way through, always ready to speak to me." The service had systems in place for recording details of all complaints and compliments received. These records demonstrated complaints had been investigated and compliments shared with relevant members of staff. Records showed the registered manager had responded appropriately to any concerns people had raised. For example, the manager had written to all staff to remind them of how to use personal protective equipment as a result of feedback provided while the registered manager was personally providing care.

The service had worked collaboratively with people's relatives and commissioners of care to ensure care needs were met. Staff told us, "If we are over running regularly I inform the manager and she tries to arrange longer visits" and care records showed that the length of care visits had been changed with the agreement of commissioners and relatives in response to changes in people's care needs. For example staff had identified that one person's relative was struggling to support the individual between care visits. The manager had discussed this concern with the relative and commissioners. Additional care visits were subsequently provided for a period to enable the person's relative to have some respite from their caring responsibilities.

Requires improvement

Is the service well-led?

Our findings

At our pervious inspection in July 2014 we found the service's records were disorganised. One person did not have a care plan to provide staff with guidance on the care and support they required and there was no information available about the training one established member of staff had received. This was in breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found that care plans were available for all of the people supported by Penwith care. Staff files containing details of their recruitment and training were present for all staff. Initially the service had significantly improved the standards of record keeping but we found recent management challenges had impacted on current record keeping practices.

The service had recently experienced management challenges as a significant number of staff had left the service. As a result of this decrease in staff availability the registered manager had recognised the service would no longer be able to meet the care needs of everyone they supported. Appropriate notice that the service would no longer be able to provider some peoples' care had been given to the people concerned and their care commissioners, when the service was no longer able to meet their needs. This enabled the transition of each person's care to another provider to ensure their care continued to be managed safely and effectively.

Staff told us their morale was low and their comments included; "morale is not very good but I don't think it is affecting the care", "staff morale is low we have had quite a lot of staff who have left" and, "things are (xx) at the moment, with staff leaving. I think we have lost six recently." Staff recognised that the registered manager had responded appropriately to the service's recent challenges and was focused on ensuring people's care needs were met. They identified that the presence of the consultant was positive for the service and commented; "I know [the manager] will try to sort things out".

Prior to our inspection the registered manager's focus had been on the day to day operation of the service and the recruitment of new staff to ensure people's care needs were met. As a result other managerial tasks had not been prioritised and staff supervision and managing training needs had suffered. In addition to returning a number of care packages the registered manager had decided to not accept any further care packages until additional staff had been recruited and trained. The manager said; "I always take people based on my capacity" and explained the service currently did not have enough staff to support more people. The registered manager had recognised they needed additional management support and a consultant had been appointed to act as a deputy manager. The registered manager said; "we have survived the challenges" and, "I am proud we have bounced back" before describing how they believed the recent challenges would lead to overall improvements in the quality of care provided by Penwith Care.

The consultant was supporting the service for three days each week and had been involved with the service for approximately one month prior to our inspection. Together the registered manager and consultant had identified most of the issued reported earlier in this report and had begun to take actions to improve these areas of concern. The service's policy documentation which had been sourced from a commercial provider and lacked specific information about the service was being replaced. The service's new more limited range of policy documents contained relevant local information and provided managers and staff with clear guidance as to their roles and responsibilities. The registered manager told us, "The care side and community is not a problem. It is in here (office and paperwork,) and I have support with that now". The consultant commented; "you have arrived six weeks too early" and, "it will all be sorted out very quickly". While staff commented, "the manager knows things need to change, which is why the consultant is here".

Since the appointment of the consultant the registered manager had restarted their level five diploma in social care management and intended in future to play a more active role in local peer support groups. The registered manager explained that with the support of the consultant she was now able to concentrate on ensuring the service provided good quality care. The registered manager told us she also able to access support from another local care provider and commented; "I don't feel under as much pressure" and "I am very proud of the quality of service the company provides."

Requires improvement

Is the service well-led?

Penwith Care valued feedback from people who used the service. At the time of our inspection a survey of people who used the service was underway and the initial responses received had been complimentary. People told us the registered manager visited them regularly and promptly resolved any issues they had raised. Peoples' comments included; "they have responded well when I have made enquires" and, the "manager comes here some times and I know I can call her about anything"

Penwith Care's quality assurance systems were disorganised. We found daily care records were not regularly returned from peoples' homes. When these records were returned to the office there were no processes in place to review the information they contained. These records were instead stored in a box prior to filing within people's care records. Visit timing information from daily care records had not been compared with call monitoring information to confirm the accuracy of these records. In addition the service did not use the call monitoring system to record details of privately funded care visits. The failure to review the daily care records of privately funded care visits meant the service was unable to confirm all planned care visits had been provided.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing The failure to ensure there were enough skilled and experienced staff available to meet peoples' needs was a breach of Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing The failure to provide staff with an appropriate induction to the service, adequate training and formal supervision is a breach of regulation 18(2)a of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.