Philip Parkinson Homecare Ltd

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Inspection report

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Date of inspection visit:
01 May 2018
08 May 2018
11 May 2018
14 May 2018

Date of publication:
17 July 2018

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The inspection took place between 1 and 14 May 2018. Inspection site visits took place on 1 and 14 May 2018. We made telephone calls to staff, people and relatives/advocates on 8 and 11 May 2018. The inspection was announced. We gave the service 48 hours' notice of the inspection visit because it is a community based service and we needed to be sure the office would be staffed.

We last inspected the service in February 2017 and rated the service as 'Requires Improvement' overall. At the inspection in February 2017 we identified a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 19 (Fit and proper persons employed) and rated the Safe key question as 'Requires Improvement'.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key question safe to at least good. At this inspection we found sufficient improvements had not been made in the areas identified at the previous inspection and the service continued not to meet all the fundamental standards we inspected against.

Philip Parkinson Home Care Limited is a domiciliary care agency. It provides personal care to people living in their own homes in the community. It provides a service to older adults and younger disabled adults. At the time of the inspection there were 20 people receiving a service.

The service had a registered manager in place. 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 2008 and associated Regulations about how the service is run.

At this inspection we found that there were breaches of Regulation 17, 19 and 20a of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. These related to the provider not having a robust recruitment process, some records not being accessible or in place in relation to the service, failure to display the latest performance rating on the provider's dedicated website and the registered manager failing to notify the Care Quality Commission of incidents regarding abuse.

You can see what action we told the provider to take at the back of the full version of the report.

People and their relatives/advocate told us people felt safe when receiving help and support from staff. Staff had completed training in safeguarding people and the provider actively raised safeguarding concerns with the local authority.

Environmental risk assessments were in place in relation to people's own homes. Risks to people's personal safety and wellbeing were identified but were not always assessed and monitored. We have made a

recommendation about this.

People and their relatives/advocates felt there were enough staff to meet people's needs. They told us they mainly received support from the same staff members. There were mixed views regarding the timeliness of calls but people were satisfied with the reasons why staff were sometimes a little late.

Medicines were managed and administered in a safe way. Medicines Administration Records (MARs) were fully completed. Staff received regular competency checks as well as appropriate training to enable them to administer medicines safely.

Staff received regular training, supervisions and annual appraisals to support them in their roles.

People were supported to meet their nutritional needs and to access a range of healthcare professionals.

People and their relatives/advocates spoke highly of staff and felt the service was caring. Staff treated people with dignity and respect. People were supported to express their views and be involved in making choices and decisions about the service they received.

Care plans were in place for meeting each person's individual needs. Regular reviews were carried out with people and their representatives about their care and support.

People and their relatives/advocates told us they knew how to complain and would feel confident in raising any concerns they had with the service. The provider had a complaints procedure in place and kept a log of any complaints received. No complaints had been received since the last inspection.

There were audit systems in place to monitor the quality and safety of the service. The views of people and relatives/advocates were sought by the registered manager via annual questionnaires. There were no negative comments received during the latest questionnaires sent out in December 2017.

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 not always safe.

New staff were not always fully checked and vetted before they were employed to work at the service.

Risks to people's personal safety and wellbeing were not always assessed.

People and their relatives/advocates told us people felt safe when receiving support from staff.

Staff knew how to protect people from abuse and the registered manager actively raised safeguarding concerns.

Is the service effective?

Good

The service was effective.

People and their relatives/advocates felt staff knew their needs and how to support them.

Staff received regular training, supervisions and annual appraisals. Staff told us they felt supported in their roles.

People were supported to access a range of health care professionals.

Is the service caring?

Good

The service was caring.

People and their relatives/advocates were happy with the service they received and the staff.

Staff treated people with dignity and respect.

People had access to advocacy services.

Is the service responsive?

Good

The service was responsive.

People and their relatives/advocates felt the service was responsive to their needs and staff did everything they wished.

People's care was planned and regularly reviewed.

The provider had a complaints procedure in place. People and their relatives/advocates knew how to raise concerns and were confident in doing so.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Some statutory notifications were not submitted to the Care Quality Commission and the service had failed to display their latest rating on their website.

Some records were not accessible or available during the inspection.

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

People's views of the service were gathered via questionnaires and during home visits for monitoring purposes.

Philip Parkinson Homecare Ltd

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 comprehensive inspection took place between 1 and 14 May 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because it is a community based service and we needed to be sure the office would be staffed. The inspection was carried out by one adult social care inspector.

The inspection included visits to the office location on 1 and 14 May 2018 to see the registered manager and provider; and to review care records and policies and procedures. We made telephone calls to staff, people and relatives/advocates on 8 and 11 May 2018.

During the inspection we spoke with one person, two relatives and an advocate for a person. We also spoke with four members of staff, including the provider, the registered manager, the operations manager who also worked as a senior care worker and a care worker. We looked at four people's care records and four people's medicine records. We reviewed five staff files, including records of the recruitment process. We reviewed supervision, appraisal and training records as well as records relating to the management of the service.

Before the inspection took place we reviewed the information we held about the service. This included notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about. We used the information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We contacted the local authority commissioners of the service, the local authority safeguarding team and the local Healthwatch to gain their views of the service provided. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Requires Improvement

Is the service safe?

Our findings

During the last inspection in February 2017 we found that the management had not ensured a robust recruitment process was followed when appointing new staff. Proof of ID had been sought for new members of staff, they had been interviewed and checks had been made with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions to prevent unsuitable people from working with vulnerable groups. However, references were not always obtained and, at times, only limited information about applicants' employment history, training and experience had been ascertained. During this inspection we found that improvements had not been made and these shortfalls in the recruitment process still existed with new applicants. This meant the provider could not demonstrate that all necessary pre-employment checks had been carried out to check the suitability of new staff.

This was a continued breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 entitled, Fit and proper persons employed.

Risks to people's health, safety and wellbeing weren't always assessed and monitored. We saw some risk assessments in some people's files that had been sent to the service from the local authority or health professionals. We noted there were statements in some people's care files informing they were at risk of things such as falls or skin breakdown but there were no associated risk assessments in place to assess and review those identified risks. We spoke with the registered manager about this and they said, "We don't do risk assessments for clients. Care managers will send us a patient management plan and we include them in care files.

We recommend that the registered manager revise their risk assessment process to ensure that all identified risks are assessed and monitored.

Relatives/advocates told us staff managed risks to people's safety well. One relative/advocate told us about a person who had poor skin integrity. They explained that staff had supported the person with this and said, "They put [person] on a conveen. His skin is lovely now." A conveen is a sheath specially designed to provide a secure and discreet way to manage urinary incontinence for men.

People and relatives/advocates told us people felt safe when receiving support from staff. One person said, "Oh yes, I feel safe when they're (staff) here." A relative/advocate we spoke with told us, "I know when I go back home the girls are here to look after [person] so I can't ask more than that. Last time [person] was in hospital the girls were here waiting for him when he got out and they looked after him well."

Staff told us and records showed they continued to receive safeguarding training to refresh their knowledge in how to identify potential abuse and told us they would report any concerns they had to management. When discussing training one staff member said, "They also cover safeguarding and whistleblowing." They then said, "I've never had the need to whistle blow or identified any safeguarding concerns." They went on to tell us they would speak with a member of management if they did identify any potential safeguarding concerns.

The provider actively raised safeguarding concerns with the local authority and maintained records of each referral made as well as concerns received. Records showed that all concerns were reported in a timely way and any subsequent actions recommended by the local authority safeguarding team were carried out.

People and relatives/advocates told us there were enough staff to meet each individual person's needs and they usually received support from the same staff. One person said, "Most times I get the same staff. Sometimes a new one comes but they always come with another (staff member) who I know." A relative/advocate told us, "[Person] gets the same carers apart from holidays." Another relative/advocate commented, "They try and keep the same staff. [Registered manager] helps out sometimes when they're short staffed." We received mixed views from people and relatives/advocates about staff timekeeping if they arrived on time. One person said, "One or two of them don't always come on time. It's quite regular. It's usually because they've been held up in other calls." Relatives/advocates told us staff usually arrived on time but on occasion were a little late.

The provider informed us staffing levels were a little low due to vacancies and staff absence. However, they were actively recruiting new staff. The operations manager said, "We have no bank staff at the moment and two staff on sick leave. Two (new) staff are waiting for DBS checks." A staff member told us, "Staffing levels are a bit low at the minute but I know [provider] is recruiting at the minute. Everybody's got to pick up the slack (until new staff are recruited)."

We asked how rotas were organised to ensure people received support as planned. The operations manager explained, "I do all the rotas depending on the needs of people and the staff skill mix. The majority of our calls are double up. Each route has two members of staff. If there are any single calls we'll put two at the same time then carers will meet back up to attend the next call (which requires two care staff)." The operations manager explained to us that there are several routes worked out and travel time is also taken into consideration to ensure staff can attend each call in a timely manner. They told us, "I drive the route to make sure it's drivable."

Records confirmed medicines were managed safely. We viewed the medicine administration records (MARs) for four people. All records were completed accurately, with staff initials to confirm medicines had been administered at the prescribed dosage and frequency. Staff had their competencies checked by the operations manager to ensure those administering medicines were safe and experienced to do so. Regular medicines audits were carried out by the operations manager and registered manager to identify any errors in administering or recording. There were no errors identified from the medicines audits we reviewed.

Accidents and incidents were recorded in people's care files. The registered manager told us they monitored falls for any potential patterns and trends. They went on to say, "We would make a referral to the falls team or care manager if someone had regular falls." Two people had suffered falls since the last inspection and there were no trends identified.

Care plans included instructions to promote infection control. One person's care plan stated, "Remove bagged used pads/gloves/aprons to external rubbish store in car park." People and relatives/advocates told us that staff followed infection control practices when providing support. One relative/advocate said, "They (staff) always follow the PPE (personal protective equipment) practices." PPE helps prevent the spread of germs and protects people and care workers from infections.

Good

Is the service effective?

Our findings

People and their relatives/advocates told us staff knew people well and could meet their needs. One person said, "Generally, they do know my needs and how to support me." A relative/advocate told us, "They are the best carers he has had and he's used a few services. They are more professional and [person] thinks the world of them." Another relative/advocate commented, "[Person's] quite happy with the girls and the care he receives." A third relative/advocate said, "Staff are fine. They know [person] and his needs."

Staff told us and records showed that they completed a range of training to enable them to carry out their roles effectively. One staff member said, "Training is alright. A lot of it is hands on and you're shown things like moving and handling." Topics of training included first aid, moving and handling, health and safety, infection control and diversity and equality. Staff had also completed training specific to people's needs such as Percutaneous Endoscopic Gastrostomy (PEG) feeding and dementia. PEG allows nutrition, fluids and/or medications to be put directly into the stomach, bypassing the mouth and oesophagus.

Staff told us they received regular supervisions and annual appraisals. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. One staff member said, "We do have supervisions, over the phone a lot of the time but if we wanted a meeting they would arrange one. I do feel supported in my role. If you need support with anything they'll accommodate you or if you have an issue they would come down to see you." The provider told us, "[Operations manager] does supervisions with staff alongside spot checks and staff competencies." We spoke with the operations manager about this process and they said, "I do spot checks and observe staff. I check they are supporting people correctly using equipment, PPE, are they promoting independence."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Records showed staff had received MCA training. Information about people's capacity to make decisions was included in their care files, specifically in care plans and assessments provided by care managers. People had agreed to their care plans and had given consent, where applicable, for staff to administer their medicines. Care plans we reviewed contained people's signatures to confirm they agreed with the plans of care and any updates.

Staff supported people to meet their nutritional needs where required. One relative/advocate said, "They (staff) do things to try and tempt [person] to eat because he doesn't eat very much." People's care plans contained information of when to support them with meal preparation and to promote hydration by making sure people have drinks available.

People, relatives/advocates and staff told us people were supported to access external professionals to monitor and promote their health. One relative/advocate said, "If I go away I feel confident if [person] needs a doctor they'll respond quickly." The operations manager told us, "I deal with dieticians, doctors, social workers, occupational therapists etc. (on behalf of people)."

Good

Is the service caring?

Our findings

We spoke with people and their relatives/advocates about whether they thought the service was caring. People and relatives/advocates were complimentary about staff and the service they received. One person said, "They're (staff) all very nice. Not terribly chatty but they are friendly. [Staff member] is a good worker." A relative/advocate told us, "They are nice girls. They are good with [person] and they talk to him. They never rush him. [Person]'s happy so I'm happy." Another relative/advocate commented, "The staff are quite chatty. I usually have a chat with them when they're here. We're quite happy with the girls who come in. I get on with them all and [person] feels quite comfortable with them." A third relative/advocate said, "They treat him how he should be treated. They've built up a rapport with him."

The service continued to provide new people with welcome packs that gave them information about the provider and the service. This provided contact details, a guide to what to expect from the service and how to raise any concerns.

Staff treated people with dignity and respect. One person told us staff supported them to get washed and dried. We asked them if staff protected their dignity by closing blinds and doors and covering them with towels when supporting them. They said, "Yes they do that, I have to say." A relative/advocate told us, "They (staff) wash and dress and shower [person]. They do protect his dignity. They always cover him up with a towel." Another relative/advocate commented, "They keep him clean and tidy and keep his dignity." A third relative/advocate said "Whenever [person] wants a shower they'll come and give him a shower. I have seen them closing the blinds and doors when they are dressing him."

People's needs had been assessed and appropriate plans of care had been implemented. We viewed people's care records and noted staff recorded daily notes. Records included details of support provided to each individual as well as people's general mood and if they showed any signs of feeling unwell.

People were supported to be as independent as possible and their capabilities were included in their care files in social care assessments and support plans.

Most people receiving support from the service could express their own views and opinions about their care and about the service in general. Where necessary, relatives acted on behalf of people. The registered manager told us that one person actively received support from an independent advocate. The person's care plan contained information of their instruction and preference for all communication to be through their appointed advocate. The person had capacity to make the informed decision. We saw the advocate was actively involved in the planning and reviewing of the person's care.

All files containing confidential information including people's care plans, archived records and staff files were securely stored in locked cabinets or cupboards in the office. All computers were secured by passwords and emails we saw demonstrated practices used to protect personal information about people who use the service. For example, using initials and no other identifiable information. This meant people's private information was stored securely and confidentiality was maintained.

Good

Is the service responsive?

Our findings

People and their relatives/advocates told us they felt the service was responsive to the needs of individual people. One relative/advocate said, "They (staff) are good to him. They all do love [person] and they do a lot for him. They go above and beyond sometimes." Another relative/advocate said, "They are responsive. They do everything. Everything you ask them to do they'll do. Nothing is a bother for them." Relatives/advocates also felt the service was responsive, one telling us, "If I do need anything I ring [operations manager]. She's quite good. She'll do anything to help us." Another relative/advocate said, "Everything we've asked they've followed through. I couldn't speak any higher of them."

Social workers continued to provide assessments of people's needs and care plans to the service prior to care services being offered to people. The service then gathered further information about people including their background, family, their household arrangements including if they have a key safe in place and any identified risks. Care plans were then devised from assessments and care plans received from the local authority and additional information collected. Care plans did not contain sufficient detail to describe the care and support that staff provided, as recorded in their reports for each call. We spoke with the registered manager about this and they informed that they would be revising all care plans to include more detail.

A relative/advocate told us about a person's progress since receiving support from Philip Parkinson Homecare Limited. They said, "They've (the service) brought [person] on in leaps and bounds. It's amazing how much he's progressed in eight weeks (since receiving the service). He couldn't communicate and he couldn't lift his head at first. They have been just amazing with him. He can lift his head up now and can talk.

People and their relatives/advocates informed us they were involved in the planning and reviewing of the care and support they received. One person said, "[Operations manager] is always on the phone making sure we're happy (with the service)." Individual care reviews took place every six months or when people's needs changed, in people's homes.

People and their relatives told us the service was person-centred and adapted to meet their changing needs. One relative/advocate said, "They come (to support person) four times a day." Another relative/advocate told us, "[Person] will decide when he wants to go to bed. They'll (staff) support him when he's ready." Care plans were revised by the registered manager or operations manager following any changes to people's needs.

People and relatives knew how to raise any concerns and make a complaint if they weren't happy with the service. One person told us they knew how to complain. When we asked them if they had ever needed to complain about the service they said, "No, I don't think so. I would complain if I wasn't happy." A relative/advocate told us, "I've got no problems at all. No complaints with this lot." Another relative/advocate commented, "I've never needed to complain."

The provider had a complaints policy and procedure which was included in handbooks given to people when they started using the service. There was a complaints file in place which showed the service had not

received any complaints since the last inspection.

The registered manager informed us that one person was receiving end of life care at the time of our inspection. The person's care plan instructed staff to ensure they were "kept clean and comfortable." The person's final wishes were also included in the care plan. The provider had an end of life policy and procedure in place that set out the values, principles, and practices they would adopt in their approach when supporting people with a terminal illness.

Requires Improvement

Is the service well-led?

Our findings

The service had a registered manager who had been in post for many years. During our inspection we noted that some statutory notifications had not been submitted in relation to two safeguarding concerns. We discussed this with the registered manager who explained they were unaware of the need to submit the notifications. The concerns had been raised with the local authority safeguarding team but had not notified the Care Quality Commission (CQC). Statutory notifications are changes, events or incidents the provider is legally required to let us know about. We are dealing with this outside of the inspection process.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 entitled, Notification of other incidents.

Providers are by law required to display their most recent CQC performance rating on any website associated with the service. We saw the most recent rating was not available on the provider's website pages. This meant people and relatives did not have access to information on the quality of the care being provided by the service.

This was a breach of Regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 entitled, Requirement as to display of performance assessments.

At the last inspection in February 2017, we found there were issues with staff recruitment records. Full employment histories and references, including those from the last employer had not been recorded. During this inspection we found that there were still gaps in recruitment records with full employment histories and references not always obtained. There were also no audit trails to evidence when references had been sought from employers. This meant that necessary improvements identified following the last inspection were not carried out.

During our inspection we found some records were unavailable to view as they could not be located by the provider or registered manager. We asked to see staff supervision records for 2017 as they were not evident in staff files. The provider informed us they would be with the operations manager and they provided some records after the inspection for staff but it wasn't clear what date they were completed and there was only one per staff member. Staff had told us they received regular supervisions, sometimes by telephone. This meant records of all supervisions were not available during the inspection.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 entitled, Good Governance.

People, their relatives/advocates and staff spoke positively about the provider and service and the open culture and communication. One person said, "The service is alright. I've met [registered manager] and I've spoken to [provider] on the phone a number times." A relative/advocate told us, "The service is good. I know [person]'s very happy with them." A staff member told us, "They won't keep things from you. They are open. If you've got a problem you can ring [operations manager], [provider] or [registered manager] and they'll

sort it for you. It is a good company to work for. I like it. I have no complaints." The operations manager told us, "My phone's operational to all members of staff (if they need to contact them for anything)."

The registered manager and provider completed audits around the quality and safety of the service. These included medicines management, care plan and daily record audits. The provider planned to audit staff files and recruitment records soon. The operations manager regularly visited people in their homes to chat about the service and make sure they were happy. They said, "I try to see every client at least once a week. I check if everything is ok and they are happy with everything they are getting."

Management meetings regularly took place in the service. Attendees included the registered manager, the provider and the operations manager. We reviewed minutes of meetings which showed discussions included updates regarding people, new staff, training, health and safety and safeguarding concerns.

People were asked for their views via an annual questionnaire. This asked their views about all aspects of the service. Annual questionnaires were sent out in December 2017 to gather their views about the service. The provider explained that surveys had been sent out to all 20 people and 13 responses had been received. We viewed a sample of the surveys returned and found all feedback received to be positive. Comments from surveys included people liked being contacted to inform if calls are going to be a little late. Another comment stated, "This is the best care company we have had."

We saw the service worked in partnership with a number of agencies, including the local authority, safeguarding teams and multidisciplinary teams, to ensure people received joined up care and support. The registered manager kept up-to-date with relevant changes, and had effective systems in place to cascade the information to all staff.

The service had received seven compliments in the form of 'thank you' cards and emails in the last 12 months from relatives of people who used the service and a care manager. Comments included sharing "gratitude for all the care and kindness you showed to [person]," being "sincerely appreciative" to the "team for the outstanding care given to [person]," "unconditional loving care shown" and, "I would also recommend your team to anyone." Other descriptive words used included, "Amazing" and "Fantastic."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The service did not have accessible records of some staff supervisions and there were gaps in recruitment records. Regulation 17 (2)(d)

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had not ensured that an effective recruitment procedure was established and operated.