

Panashe Home Care Services Limited

# Panashe Home Care Services Limited

## Inspection report

Unit 103, Greenacres  
The Sidings  
Leicester  
Leicestershire  
LE4 3BR

Tel: 01164311598  
Website: [panashehomecareservice.co.uk](http://panashehomecareservice.co.uk)

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This was an announced inspection that took place on 22 November 2016.

Panashe Home Care Services Limited is a domiciliary care service providing personal care and support to people living in their own homes. The office is based in the city of Leicester and the service currently provides care and support to people living in Leicester and Leicestershire. At the time of our inspection there were five people using the service. People's packages of care varied dependent upon their needs. The provider employed four care staff.

This was our first inspection of the service since they registered with us on September 2016.

A registered manager was in post. 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.

People told us they felt safe with the staff providing the care. People were protected from harm and risks by staff who were trained, able to recognise signs of abuse and knew who to report concerns to.

People's care needs were assessed and measures were in place to manage risks. People were involved in the development of their care plans which provided staff with clear guidance on how to support people safely whilst promoting their independence.

People were supported to take their medicines safely. Staff supported people, where required, with their meals and drinks. Records showed people were supported to access healthcare services when required.

The provider's recruitment procedures ensured that staff were suitable to provide care and support to people living in their own homes. People's needs were met by sufficient numbers of staff required in line with their assessed needs.

Staff were supported and received training on a range of subjects which equipped them with the skills and knowledge they needed to ensure people's care needs were met. Staff had regular contact with the registered manager who worked alongside them in order to support them and meet people's care needs.

The registered manager and staff had an understanding of the key principles of the Mental Capacity Act 2005. Staff sought people's consent before providing care and support and respected their wishes in how they wanted to be supported.

People and relatives spoke positively about the food that staff prepared. Staff worked with other health and social professionals to ensure that people received the health care they needed.

People told us they made decisions about how they wanted their care to be provided. Staff were knowledgeable about how people wished to be supported and their preferences which were consistent with their care plans. Staff maintained people's privacy and dignity whilst supporting them to remain as independent as possible.

Care plans were personalised and provided staff with clear guidance to enable staff to provide care that respected people's individual preferences. Whilst people's care needs were regularly reviewed the registered manager assured us they would pro-actively involve the person and their relative to ensure care plan were accurate.

People and relatives we spoke with were complimentary about staff's attitude and approach and had developed positive relationships with them. We were told that staff were caring and responsive to their needs and maintained people's privacy and dignity whilst supporting them to remain independent.

The registered manager was responsive to concerns and took steps to ensure issues or concerns were addressed. The registered manager assured us that improvements were being made to the on-call system to ensure people and their relatives were informed when staff were late to arrive. Staff told us that the registered manager was responsive and provided support whenever required.

There was a complaints procedure and people knew how to use it. People and their relatives were confident that any concerns raised would be responded listened to and addressed.

The registered manager monitored the quality of service provided through regular checks on how the staff delivered care and through reviews of people's needs. Accurate up to date records were maintained relating to the people who used the service, staff and the management of the service. Whilst the service develops a robust quality monitoring system to assess the quality of care provided, people and their relatives' were encouraged to share their views with the registered manager individually, during routine checks and through care plan review meetings. The views and opinions of the staff were sought regularly to help develop the service.

## 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.

Procedures were in place to protect people from abuse. Staff were aware of these and were confident in reporting concerns.

People's needs had been assessed and risks to their safety were identified and managed effectively by staff. People were supported to receive their medicines in a safe way.

Safe recruitment systems were followed to ensure staff were suitable to work with people. There were sufficient numbers of staff available to meet people's needs.

### Is the service effective?

Good ●

The service was effective.

Staff were trained and supported to deliver the care people preferred. The registered manager and staff understood and worked to the principles of the Mental Capacity Act 2005. People were supported, where required, with their dietary and healthcare needs.

### Is the service caring?

Good ●

The service was caring.

People and relatives described staff as caring and respectful. Staff had formed positive relationships with people they supported. Care plans detailed people's individual needs to ensure care provided promoted their privacy and dignity.

### Is the service responsive?

Good ●

The service was responsive.

People's care needs were assessed, planned and met in line with their preferences and needs. People and their relative's views were taken into account to ensure the care provided was personalised. People knew how to complain. The registered manager acted on feedback and records showed concerns were

addressed.

**Is the service well-led?**

**Good** ●

The service was well led.

The registered manager who was also the registered provider understood their legal responsibilities and had direct oversight of the service to ensure the service was well-led.

The registered manager and staff had a clear view as to the service they wished to provide which focused on enabling people to remain in their own homes. Systems were in place to assess and monitor the quality of service provided.

# Panashe Home Care Services 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 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 22 November 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be at the office.

The inspection was carried out by one inspector.

We reviewed the information we held about the service, which included the provider's statement of purpose and notifications. A statement of purpose is a document which includes a standard required set of information about a service. Notifications are changed, events or incidents that providers must tell us about.

We reviewed the information received from the local authority commissioners. Commissioners are people who work to find appropriate care and support services for people and sometimes fund the care provided. We used this information to help us plan this inspection.

We spoke on the telephone with one person and three relatives whose family members used the service to seek their views. We visited one person at home and also spoke with their relative.

We spoke with the registered manager who is also the nominated individual (provider) and four care staff. We looked at the care records of three people who used the service, which included their care plans, risk assessments and records detailing the care provided. We also looked at the recruitment and training files for three staff, a range of policies and procedures and the provider's quality assurance records to see how the

provider monitored the quality of the service.

# Is the service safe?

## Our findings

People and the relatives we spoke with told us that staff provided safe care. One person said, "I feel safe with the carers; they check and do everything properly." A relative said, "My [person's name] is safe with the carers. They [registered manager] explained how they would help [person's name] and what to do if they had any concern."

We asked relatives about the steps taken by the service to ensure their family member stayed safe. A relative said, "They [staff] enter using the key safe and leave making sure everything is secure." They told us that the registered manager had provided them with information to promote their safety at home. For this person a key safe was installed in order for staff to access the home. A key safe is used where the person is unable to answer the door.

Staff told us they were trained in the safeguarding (protecting adults from harm) and whistle blowing procedures as part of their induction training. Staff told us they received a staff handbook which detailed the actions they should take if they witnessed or had any concerns about people's safety. A member of staff said, "If I thought someone was being abused I'd report it to the manager." The registered manager was confident to refer concerns to the external agencies when required. This meant people using the service could be confident that their welfare and safety was understood and would be protected.

There were policies and procedures in place to ensure risks associated with people's care needs were managed. Staff were trained in a range of topics linked to the promotion of the health and safety of the people they cared for and themselves. A member of staff said, "[Person's name] has a hoist in place but uses a rotunda [standing up aid] whilst she can still get up herself. We check it's safe to use and will support her."

Relatives told us the registered manager had explained how risks to manage their family member's needs would be managed. A relative said, "Carers know how to look after her safely, when she uses a stair lift they check it's safe to use."

People's care records showed risks associated to their needs had been identified, assessed and managed. These centred on the support people needed including their physical health and safety within the home environment where the person would be supported. Measures identified to manage risks were detailed in the care plans which provided staff with clear guidance to support people with their daily care needs whilst helping them to stay safe. The care plan for someone stated that one staff member was required to assist and support the person with their personal care. In addition, the member of staff was to remain with the person in the kitchen when they were preparing the family meal. This showed that the person's independence and rights with regards to daily living was promoted.

Someone living with dementia whose mobility could vary from day to day had a hoist and a rotunda (standing up aid) in place which staff used to assist the person to move safely. Records showed that the registered manager had liaised with the occupational therapist to help ensure risks to the person were reduced. Staff we spoke with described how they supported this person on days when their mobility could



vary, which was consistent with the care plan. That showed the person's safety had been assured because staff had provided support in line with their care plan.

Records showed that people's care plans and risk assessments had been reviewed and updated where people's needs had changed in order to reduce the likelihood of further risks. Whilst this showed people received the support required to meet their needs, relatives told us they were not always aware that a review of risk had been completed. When we raised this with the registered manager they acknowledged that the purpose of the review meeting was not always made clear and assured us this would be done going forward.

People's safety was supported by the provider's recruitment practices. We looked at recruitment records for staff and found that the relevant checks had been completed before staff worked at the service. That meant people could be confident that staff had undergone a recruitment process that ensured they were suitable to work with them.

A relative said, "[Person's name] knows whose coming because she has the same carers unless they're on holiday, in which case [registered manager's name] comes."

People's assessed needs took account of the number of staff required to meet their needs and was detailed in the care plan. The registered manager ensured people's ongoing care needs were met by identifying staff with the relevant skills, experience and attitude who were introduced to people prior to their care commencing. This helped to ensure the person and where appropriate their relative would be comfortable with the staff member identified to support them.

Care records showed that people were receiving the agreed contracted hours. The registered manager said staff and in some instances relatives advocated for their family member if they felt additional time or a second member of staff was required to meet the person's needs safely.

People were encouraged to self-medicate where possible, or were prompted by staff to take their medicines. This helped people to maintain their independence whilst safely managing their medicines. One person said, "I manage my own medicines, they [staff] just hand me the box [containing the prescribed medicines dispensed by the pharmacist] and I'll take what I need to."

We looked at one person's care plans to check their medicines were being managed safely. Care records showed that a relative collected the prepared medicine dossett box dispensed by a pharmacy. The care plan detailed how much assistance the person required and the role of staff which was to prompt the person to have their medicines. Staff completed a record to show the person had had their medicines on time.

The registered manager told us that the staff were trained in medicines management and had their competency checked to help ensure they knew how to look after medicines safely. The completed daily wellbeing records returned to the office each month showed that people were supported to take their medicines in a safe way.

## Is the service effective?

### Our findings

Relatives told us they felt staff were trained and provided effective care. A relative said, "I'm satisfied with the carers; they look after [person's name]. They seem to know what they are doing and have the skills necessary." During our visit to someone's home with a member of staff the relative said, "Overall, I'm satisfied. I've got no issues with how they [staff] look after or move her. There's always two carers; she'll get up herself but needs a lot of persuading and they [staff] know that." We saw the staff member assisted the person to be seated comfortably and wore protective gloves whilst they prepared the breakfast and discarded the gloves before starting another task. That showed staff had followed the training instructions.

Staff told us they were satisfied with the induction and ongoing training they had to carry out their role. Comments received from staff included, "I found the training really useful as it's supports my nurse training" and "I learnt a lot from [registered manager's name] during my induction because I shadowed her. She showed me how to do everything properly and if I wasn't sure then I'd ask her. I always check the equipment is ok to use, like the stair lift and the hoist." Some staff were also training to be qualified nurses, which showed the provider encouraged and supported staff's professional development.

Records showed that staff had completed a range of essential training for their role that covered health and safety and related to the needs of people who used the service. Staff also had specialised training as required to support people. For example, training in dementia awareness and diabetes helped staff to support someone who was living with dementia care and another person living with diabetes in order to provide care that was effective.

The Care Certificate is a set of standards for staff, which upon completion, helps to ensure they have the awareness, skills and knowledge they need to provide effective care and support. The registered manager had completed the Care Certificate. Staff were booked to start this. This showed the provider invested in the staff team to ensure they were trained, equipped with the skills and knowledge to provide effective care in order to meet people's needs.

Staff felt supported by the registered manager who also worked alongside them in the delivery of care. There were regular staff meetings where staff received updates on changes in procedures, management and the development of the service. Any changes to people's care needs was communicated using the staff group text messages. This showed that the provider supported and invested in staff development in order to provide effective care.

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. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

The provider's MCA policy set out how staff were to meet legal requirements with regards to the MCA. The registered manager and staff were trained in the MCA and understood their responsibilities to protect people. In practice that meant staff assumed the people they supported had capacity. The registered manager understood their responsibility to alert other agency where someone's ability to make safe decisions about their care needs could be impaired. An application would be made to a Court of Protection to ensure the person would receive care and support that was in their best interests. We found there to be no restrictions in place.

A relative told us that their family member made all the decisions about their care and this was detailed in the care plan. Another relative said, "I've been involved and made sure [person's name's] care is right for her because she's becoming more confused and forgetful." People's care records showed that they, or in some instances their relative had been consulted about all aspects of their care and support package. Care plans were signed to confirm people's or their relative's agreement for the care to be provided.

Staff demonstrated they were aware of the importance of seeking consent and respecting people's right to decline their care. Staff told us they sought people's consent and provided the care and support as detailed in the care plan. We observed this to be the case when we visited someone at home; the member of staff sought consent to take the half-drunk cup of tea which was cold and later they checked that the relative was happy with the service before leaving.

One person told us that staff offered and prepared meals and drinks to suit their preferences and dietary needs. A relative told us that staff prepared meals and sometimes would support their family member to prepare meals. This showed the person's wellbeing and independence was promoted with regards to their dietary needs and choices.

Staff told us care plans had information about people's dietary needs and detailed the level of support people needed to maintain their nutritional health. Staff had information to follow to ensure risks and health conditions such as diabetes were managed and that people's dietary preferences were met. For instance, staff followed one person's care plan which stated the person had a vegetarian diet reflective of their faith.

Another person's care plan stated they preferred breakfast choices to be served with a cup of tea and that staff were to heat the microwave meal for lunch. Staff told us that the person's relative purchased the preferred meals. Staff told us that if they had any concerns about the person's appetite or weight they would inform the relative and the registered manager. That meant staff knew what action to take to help ensure the person's dietary needs and health would be maintained.

People were supported to access healthcare services when required. A relative said, "Carers make sure they come earlier if [person's name] had a doctor's appointment." People's care records contained information about people's medical conditions, prescribed medicines to manage the health condition and the contact details of the GP if required in an emergency.

Staff described how they supported people to maintain their health and followed the guidance within people's care plans. A staff member said, "If I think someone's health isn't right then I would let the manager know. I had to call [relative's name] and they told me to call the doctor. I stayed with them until the doctor and someone from the family came." This showed staff supported people to access healthcare in order to maintain their health.

## Is the service caring?

### Our findings

People and relatives told us the staff were caring and treated them with respect. One person said, "I have a good relationship with my carers; they are polite, kind and respectful." Comments from relatives included, "The carers are very polite and respectful to [person's name], even when she hits out. They seem to understand her condition [living with dementia]" and "They [staff] treat her as if they were looking after their own mother; they've got to know her and what her independence means to her." This showed staff had developed positive caring relationships with people.

The registered manager told us that where possible, they introduced staff to people before care and support commenced to make sure they were comfortable with the staff who were going to support them. At the time of our inspection visit the service only had female staff therefore the registered manager makes sure that people make an informed choice about whether they wished to use the service. A relative told us that the registered manager provided the care until they were happy with the new member of staff identified for their family member. This meant that people were supported by the staff most suited to meeting their needs.

The registered manager told us they always undertook the initial assessments so that they had a clear understanding of people's needs. They were able to explain different people's needs to us. Care records showed that people, and where appropriate, their relatives had been involved in the assessment and the development of their care plans. These were signed to show that people were in agreement with the support provided.

People's views about all aspects of their care needs were evident in the care plans ranging from their preferences and wishes regarding how they liked to be cared for and what they could do for themselves. For example, it was important for someone to maintain their independence and responsibility for preparing the family meal. Their care plan included guidance as to the role of staff to support the person in the kitchen if they wanted to prepare a meal and the tasks they needed staff to help them with. Staff were aware of the importance of respecting people's choices and the records completed showed staff had followed the care plan.

People and relatives told us staff were respectful of both them and their homes. A relative told us staff were respectful of other family members by the way they were greeted and checked they were satisfied with everything before leaving, which we saw during our visit to someone's home.

People's privacy and dignity was respected and understood by staff. One person said, "They [staff] don't make me feel uncomfortable at all; I wash my front and they will wash my back. I do what I can and they will help me with the rest." A relative said, "They [staff] will cover her up, make sure the curtains are drawn and the door is shut." This showed staff had put the training into practice in order to promote and maintain people's privacy and dignity.

People's care plans instructed staff to always ask people about their care and how they wished to be supported at each visit. For example, the registered manager and staff were able to consistently describe

someone's personal hygiene routine which had to be followed. The care plan set out the order of each task precisely and confirmed that staff had a consistent approach in providing the care. That meant staff respected how people wished to be cared for and had developed a good understanding of the level of support they needed.

## Is the service responsive?

### Our findings

People were given information about the service which included the terms and conditions of the service and what they could expect from the service. People told us that they chose to use the service as the registered manager was responsive to their initial enquiry and carried out an assessment to check if the service would be able to meet their needs.

People told us that they had signed a care plan agreement and had given consent that the provider could share information and consult with health care professionals to facilitate good care and support. This showed the service promoted a multi-disciplinary approach in order to support people who used the service.

People's care records showed that the assessments of needs were used to develop care plans which took account of individual needs and preferences. Care plans focused on all aspects of the person's needs, abilities, goals and lifestyles. Records showed that for each call there was a routine for staff to follow so they knew what was expected of them. This had been agreed people in advance and helped to ensure they received personalised care and support that met their needs.

Care plans were personalised and took account of individual preferences. For example, one care plan set out details of someone's vegetarian diet. Another care plan advised staff how to support someone with washing and dressing while understanding they may sometimes be reluctant to accept this. The care plan included strategies staff could use to provide this person with the encouragement they needed to maintain their personal care.

Staff understood their responsibility to report concerns about people's safety or health to the registered manager who would provide instructions on how best to support the person. The registered manager and care co-ordinator provided the 'on-call' telephone support should staff or people using the service need advice or wish to report any concerns about people's health. A relative told us that the on-call was not always answered when staff late to arrive.

People's care records showed that their care plans had been reviewed. However the records did not always show that people and where appropriate their relatives had been involved or their views had been sought. One person said, "I'm paying for care but I'm not getting the full care; there's not enough time." Another person said, "I have regular carers but sometimes they won't give me the time [to meet their needs]. When I complained it improved."

A relative said, "I don't ever remember anyone coming to review [person's name's] care. Maybe because the manager comes, she probably checks but hasn't asked us what we think." Another relative said, "I don't want to lose the agency by raising concerns because we are happy with the care, but I wish the communication could improve. If staff are running late then they should call me and let me know." We received similar comments from other relatives.

We shared the feedback received with the registered manager. They acknowledged that these issues could be improved and had already taken action in response to feedback they had received from people and their relatives directly. Staff were sent a memo to remind them of the importance of reporting any delays to the registered manager or the on-call system in the first instance, which the registered manager was monitoring. The registered manager also told us that appointments for a review meeting were being made so that people and where appropriate their relative could attend. An appointment would give people time to reflect on the service provided before the meeting.

The provider had a complaints procedure which was included in the information pack given to people when they started to use the service. This included details of how the service responded to and managed complaints and details of external agencies people could contact if they were not happy with the outcome of their complaint.

Relatives told us they knew how to make a complaint. A relative said, "I wouldn't hesitate to complain in a heartbeat. I've told [registered manager's name] directly when I wasn't happy with a carer and she replaced her immediately." Another relative told us that the registered manager was actively involved supporting their family member and any concerns raised would be addressed immediately. That showed the registered manager was accessible to people and their relatives, and were assured that their concerns would be listened to and acted on.

Records showed the service had received two complaints, which included a complaint that we had referred to the registered manager to investigate. We found the complaints had been addressed in line with the complaint procedure. The registered manager told us concerns would be addressed immediately, where possible and they would liaise with the relevant health and social care professionals that fund the individual's care. That meant people could be assured that action would be taken to improve the service they received.

## Is the service well-led?

### Our findings

People and relatives we spoke with were happy with the care provided by the service. A relative told us that they and their family were satisfied with the service provided. They said, "The manager visits and sometimes provides the care if one of the carers is off. She sees that [person's name] gets the care she needs and is happy with it."

Another relative told us, "The registered manager keeps in touch with us and has taken action if anything needs to change. She's been out when [person's name] returned home from hospital to check if she needed more help." That showed that the person was assured that any changes to their care needs would be managed. This relative told us they felt the care was good and said they would recommend the service to other people.

The service was registered in September 2016. The registered provider was also the registered manager. Through discussions they demonstrated that they understood their legal responsibility with us which included informing us about specific events the provider is required, by law, to notify us about. They provided leadership and were knowledgeable and used their previous experience of providing health and social care in a range of settings to influence the quality of care they wished to provide, which focused on enabling people to remain in their own homes. They had completed a range of training in management and were passionate and proactive about providing a good quality and safe service to people.

The registered manager was part of a support network for small domiciliary care providers. They told us that the group provided support and shared experiences in order to improve and promote quality care for people to enable them to remain in their own homes safely.

We found the registered manager was responsive to our feedback. For instance, action was taken to improve the on-call support and the communication with people and their relative when staff were late to arrive.

The registered manager was able to demonstrate how they ensured the service met people's needs. People and relatives told us that the registered manager was responsive and sought their views about the care provided via telephone or when providing the care and support. The registered manager showed us the notebook where people's feedback was recorded and then transferred to the person's care records kept in the office. This helped the registered manager monitor people's care needs and they used the information to drive improvements either for the individual or the service.

The registered manager was able to maintain a good oversight of the service due to the small number of people who used the service and work with staff individually to support them in providing care and support to people. That meant they could check that people received the care and support set out in their care plan agreement and address issues identified without delay.

The registered manager told us that they would develop quality assurance systems that were robust and fit



for purpose. The registered manager ensured people's needs were assessed, regularly monitored and reviewed. The registered manager also provided care and support to people, which showed them the standard and quality of support they could expect to receive. The daily wellbeing records completed by staff were returned to the office and checked to make sure the care provided was in line with the care plan. People's care plans had been updated to reflect any the changes to ensure staff had clear guidance to follow to meet people's needs.

The unannounced spots checks records showed that the registered manager and the other senior staff observed how care staff supported people in their homes in relation to their competency and compliance with the provider's policies and procedures. Records showed that staff had received feedback on their practice and performance following the spot checks. People were also asked to provide feedback about their care during the visit and this was recorded. This information was used to improve the quality of care provided by staff.

A range of suitable policies and procedures were in place. The service had access to 24-hour advice and support with regards to health and safety matters, employment law and compliance with regulation. That helped to ensure the registered manager was made aware of any changes to legislation which affected the business and ensured the provision of care reflected the changes.

The provider's business contingency plan detailed the arrangements in place in the event of an unplanned incident. This meant the registered manager and staff had clear instructions to follow in order to provide continuity of care and support to people using the service.

Staff told us that the registered manager provided clear leadership, responded to calls and was always available for support. Staff attended training sessions and met with the registered manager on a regular basis individually to ensure they were supported. The registered manager also worked alongside staff which enable them to monitor the effectiveness of the care provided.

Staff told us they felt involved in the running of the service and were able to share their views about people's care directly with the registered manager. For instance, some staff had developed lead roles such as coordinating care and carrying out unannounced spot checks on staff to monitor the care being provided. This showed they were collectively committed to providing good quality care.

Records showed the registered manager and staff liaised with other health and social care professionals in order to meet people's care needs. For example, the registered manager had involved the commissioner responsible for the funding of someone's care when their needs had changed. The registered manager told us that they were confident to liaise with the relevant health and social care professionals for advice, support and guidance. That meant people could be assured that where required the service would work in partnership with other agencies in order to provide joined up care and support to promote people's wellbeing.