

Pegail Ltd

Pegail Care

Inspection report

Unit 34, 33 Nobel Square
Burnt Mills Industrial Estate
Basildon
Essex
SS13 1LT

Tel: 01268931060
Website: www.confam.co.uk

Date of inspection visit:
21 November 2017
24 November 2017
05 December 2017
06 December 2017
08 December 2017

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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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place between 21 November and 06 December 2017 and was announced. We gave the registered manager 48 hours to make sure someone was available in the office to meet with us as office staff sometimes provide personal care.

This was our first inspection of the service since it registered with the Care Quality Commission on 15 December 2016. Pegail Care Limited is a domiciliary care agency that provides personal care and support to people living in their own homes. Most people using the service were older people, there were also younger adults with physical disabilities. There were 14 people receiving services from Pegail Care Limited at the time of our inspection.

We found two breaches 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.

Concerns by the funding authority had been raised about the provider's recruitment processes and we found that three members of staff had been recruited without Disclosure and Barring Service (DBS) in place and other staff did not have suitable references. The registered manager has now addressed this.

The provider did not always submit statutory notifications to CQC as required by law which meant they did not support us to carry out our role in monitoring services. These notifications were subsequently submitted.

The provider had a complaints process in place. During the inspection, people identified concerns they told us had been dealt with. However, we did not see that these had been recorded. We made a recommendation that the provider review their complaints management process to ensure that complaints are handled effectively, including a timely response and explanation of the outcome, and concerns or complaints are formally recorded.

We found the provider had not ensured all aspects of the service were safe or that the quality of the service was monitored robustly. Quality monitoring systems were not always sufficient to identify areas that required improvement. We made a recommendation that the provider reviews their quality assurance processes to ensure that effective systems are in place to monitor the safety and the quality of the service provided.

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. The registered manager was also the provider.

Staff had access to regular training to support them to maintain and develop their skills and knowledge. We

made a recommendation that the provider review aspects of their training programme to include training subjects specific to the needs of people that use the service.

People were safeguarded from abuse and neglect. Staff received training in safeguarding adults at risk to help them understand how to respond if they suspected people may be being abused to keep them safe.

People were supported by sufficient numbers of staff who were aware of the risks to them on a daily basis and knew how to support them safely.

People who used the service and their representatives were happy with the care they received. They told us that staff arrived on time and stayed the agreed length of time. They explained that staff did everything they asked and offered them choices. They were happy with support they received with medicines and in preparing meals, as well as with support with their personal care.

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 consistently safe.

The provider had failed to follow robust recruitment processes to ensure people recruited were of good character.

People and their relatives told us that they felt safe with the staff that supported them.

Staff undertook training and procedures were in place to protect people from abuse. Staff had a clear understanding of what to do if safeguarding concerns were identified.

There were enough staff working to meet the needs of people.

Is the service effective?

Good ●

The service was effective.

People's needs and choices were assessed and care was provided to reflect these assessments.

The provider was acting within the principles of the Mental Capacity Act 2005.

The staff monitored people's healthcare needs.

Is the service caring?

Good ●

The service was caring.

People were positive about the staff who supported them.

Staff knew the people they were caring for and developed good relationships with them.

Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

People were involved in planning and reviewing their care and care was responsive to people's needs.

People told us the provider responded to complaints but we could not find evidence this information was recorded.

Is the service well-led?

Some aspects of the service were not well-led.

Systems to monitor, assess and improve the quality of the service needed improvement in some areas.

The provider did not always submit statutory notifications to CQC as required by law.

People felt the management of the service was effective and available.

Staff told us the management and leadership of the service was approachable and supportive.

Requires Improvement 

Pegail 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 21 November 2017 and was unannounced. We gave the service 24 hours notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 21 November 2017 and ended on 06 December 2017. We visited the office location on 21 November 2017 to see the manager and office staff; and to review care records and policies and procedures. One inspector carried out this inspection.

During the inspection we spoke with the registered manager and then contacted three people that used the service, six relatives, five members of the care staff team and contacted five visiting professionals.

We looked at the care records of four people who used the service. We also viewed records relating to the management of the service. These included risk assessments, seven staff recruitment files, and training records.

Is the service safe?

Our findings

People's safety was not fully supported by the provider's recruitment practices. We received information from the funding authority prior to the inspection that staff had started work prior to a DBS being requested or received. We looked at recruitment records for staff. We found three staff members had started work without a referral or clearance from DBS. DBS checks show whether the applicant has any criminal convictions and help employers make safer, informed decisions about who to recruit.

When we discussed this with the registered manager they told us that they had now addressed this and two staff members no longer worked at the service. One staff member had been stopped from working until their clearance was received and subsequently required a risk assessment related to a criminal conviction. The registered manager told us that these staff members had not worked unsupervised but following changes to an electronic system these staff members DBS clearance had been missed, and the new system introduced would have flagged these omissions.

When we looked at recruitment files in the service we found other areas of concern. For example, we saw that some staff did not have previous employer references and references were not always provided by the people named on the application forms. There were no details recorded of why the original referees had not provided references and why references had to be sought from other people. Some staff only had one character reference completed and these were mainly telephone references and were not validated. For example, they were not on headed paper, or did not contain a company stamp. We checked seven staff files and found only one staff member had appropriate references. It was also noted that most staff files did not record a specific start date, with different start dates recorded on different documents which made it difficult to assess what documents were in place prior to staff starting work.

This is a breach of Regulation 19 of the HSCA 2008 (Regulated Activities) Regulations 2014.

The registered manager informed us that a new electronic monitoring system was now in place and the service had learnt from these issues. The registered manager would also now be overseeing recruitment for the service to prevent this happening again.

Staff we spoke with had completed training about how to support people safely and recognise the signs of and how to report abuse. They knew the actions to take, such as reporting issues to their manager and other agencies, including the local authority safeguarding team or the Care Quality Commission (CQC). Staff told us about the whistle blowing process and said they would not hesitate to report other staff if they had concerns. One staff member told us, "I would always take these issues seriously and report to the office or the person's social worker."

We viewed safeguarding records and could see that these had been reported to the local authority and investigated appropriately. However, the provider had not reported these notifications to CQC.

One person who used the service told us, "Yes, I do feel safe, I cannot fault them." A relative told us, "We have

the same carers and my [relative] is very safe." Another relative said, "They are nice young folks, so we feel very safe."

We noted the registered manager and care co-ordinator provided an on call service each providing cover when needed. This ensured staff could contact a manager by telephone throughout the working day for advice and support if required.

People told us staff arrived on time and usually stayed for the agreed length of time at each visit. One person said, "I have the same two carers, they stay the right amount of time." Another person said, "They always stay, sometimes longer." A relative told us, "They have never missed a visit and stay for a fair time." Another relative said, "On the whole very good, there has been a couple of mess ups but it was sorted quickly." People told us calls were never missed and they were contacted if staff were running late. One relative was concerned about timings and told us that they were not contacted if the carer was going to be late which could distress their [relative]. We fed this back to the registered manager who told us they would follow this up.

There was mixed views from staff about whether there was enough staff, One staff member told us, "Usually there are enough staff but at the moment we are supporting someone who takes longer than their allocated time and that has made us late for other people, but I have reported this." Another staff member said, "There is cover, the manager will always come in to support us and usually works alongside us." A third staff member told us, "We do have last minute sickness but on the whole we have enough." The registered manager told us the all staff were contracted to work shifts which meant they were paid for a 10 hour shift, and available for cover if any staff did not turn up. A professional commented, "There appeared to be an adequate amount of staff for my client's needs and they tried to keep to a minimum amount for consistency/familiarity."

Potential risks to people's health, well-being or safety had been identified. Risk assessments included moving and handling, environment and medicines care. There was guidance for staff on how to manage these risks; however, information could have been more detailed. For example, where people required the assistance of two staff using equipment this did not always record in detail how the person was to be assisted. The registered manager explained to us that whenever there was a new client that needed equipment to move them safely they worked alongside staff until staff were confident to use the equipment. Staff we spoke to confirmed that the registered manager, the care co-ordinators or more experienced staff worked with them to demonstrate how to use equipment safely. One care co-ordinator told us, "I usually check with the community occupational therapist first, and then I would take carers out and show them how to use the equipment, I also have a background in physiotherapy so I am familiar with most equipment."

People were supported to take their medicines safely. Where people had been assessed as requiring support to take their medicines they were assisted by staff that had received training and had their competency checked. Medicine administration records were completed accurately to show that people's medicines were administered in accordance with the prescriber's instructions.

All staff had received training in infection control and were clear on the correct procedures for wearing protective personal equipment before carrying out personal care.

Is the service effective?

Our findings

People and their relatives told us they liked the staff that supported them and the care was given to a good standard by staff who knew what they were doing. One person said, "I have the same two carers and they are good, anyone new I am able to talk them through it." Another person told us, "They are very good and do whatever I ask of them." A relative said, "I have found them very good with medicine administration."

People had their needs assessed in relation to their needs and wellbeing. Staff received training in equality and diversity and understood their responsibilities on protecting people under the equality act.

There was an on line staff training programme that covered medicines, infection control, safeguarding, dementia, mental capacity act, first aid and moving and handling. Practical training sessions on safe moving were delivered. When staff started work at the service they received an induction which included completing the Care Certificate. The Care Certificate ensures staff who are new to working in care have appropriate introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

Training was on going and a system to ensure all staff completed essential training each year was being implemented. Most staff told us they had received appropriate training and opportunities to shadow established care staff before providing care on their own. Some staff we spoke with said they felt new staff had not received enough practical training. One staff member said, "It is mainly e-learning and there is a lot of it." Another staff member said, "I had face to face training in my previous job which helped, it is e-learning but I think some of the staff here would benefit from more face to face training."

The registered manager told us that he often went out on care calls for people just starting the service and worked alongside staff until confident that they understood the needs of people. However, not all the e learning training supported staff with specific needs and we noted that the company did provide care for people at the end of their life. Staff we spoke to told us that at present there was no-one receiving end of life care but confirmed they had cared for people at the end of their life recently. Staff had not received end of life training. We also noted that some people received support for catheter care but found that training had not been provided.

We recommend that the provider reviews their training programme to ensure all training meets the needs of people using the service.

Staff skills and competencies were checked by senior staff. A supervision programme was in place which included one to one supervision and spot checks. Spot checks were undertaken by the senior staff who observed staff when visiting people. These checks were unannounced and included a check on when the staff member attended, how they conducted themselves and an observation of their competencies in relation to the care and support provided. The registered manager and care co-coordinators frequently worked alongside staff.

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.

Staff and the management were aware of the need to obtain people's consent and followed MCA principles to protect people's best interests. Staff understood how important it was to offer people choices. A relative said, "I have told them what [family member] likes but they still ask them." A staff member told us, "I always ask what people want, one client I have just been to I get them out three or four dresses so they can choose what they want to wear."

People were supported to have sufficient amounts to eat and drink and to maintain a balanced diet. One relative told us, "They really care about how much my [family member] eats, they take their time and talk to her, and they always ask what they want for their meal. They are wonderful." Another relative told us, "They noticed when food had expired and let me know."

People were supported to access healthcare when required. Referrals were made quickly when people's health needs changed. They liaised with professionals such as their GP, occupational therapist, social workers and district nurses where there was a need identified. Professionals told us that the people they supported were generally happy and comments included, "[Person] has continued to use them on a regular basis as they are very happy with quality of care, flexibility and their professionalism" and, "They are caring/nice/polite."

Is the service caring?

Our findings

People we spoke with were happy with the care and support they received. People told us most care staff were caring, polite and professional. One person told us, "The service provides caring staff and I have the same two." A relative said, "They are very professional and provide exceptional personal care." Another relative said, "They are wonderful." A professional shared feedback with us that clients had given them which included, "Good, smiley, reliable", "[Registered manager] checks regularly with family", "Carers do what they are there for, care. Really nice carers, really good. Have peace of mind knowing they are coming."

People's care plans contained sufficient information to help inform care staff on how to support people in the way they wished. People's daily routine had been recorded and included information about what the person could do for themselves. However, more information about people's history, background and lifestyle could have been included. People and their relatives told us that they had been involved in the initial assessment and care plans were reviewed regularly to help ensure they continued to meet people's needs.

People who used the service and their relatives told us that staff were respectful of people's dignity and made sure that they supported people in the way they wished whilst encouraging them to remain as independent as possible. One person said, "They are very respectful in my home." A staff member told us, "I only help people with what they want and try to encourage them to be as independent as they can be."

Care staff had developed positive relationships with people and knew them well in particular those people who they assisted regularly. A staff member told us, "I go to people on a regular basis so can get to know them well, we change our care to suit people once we know them." Another staff member said, "We have regular clients so we know them and their needs well."

Is the service responsive?

Our findings

Some improvements were required in the way the service listened to people's concerns and dealt with complaints, minor or otherwise. Guidance on how to make a complaint was given to people when they first started using the service and also recorded within the provider's Statement of Purpose. Records showed, and the registered manager confirmed, no formal complaints about the service had been made.

In general people and relatives felt that minor issues that they raised with the provider had been dealt with at the time. One relative said, "I have not needed to make a complaint, but I did speak to them about timings around medication and that is resolved now." Another relative spoke about an issue they had spoken to the registered manager about that had been resolved but unfortunately it had happened again. Other relatives confirmed that they had not had cause to complain and some told us they had the registered manager's number and were able to contact them.

However, three people raised some concerns with us regarding their communication with the service. One relative told us that staff turned up to shadow other staff but no-one had let them know. Another relative told us that they found it difficult to understand staff when they rang the office as accents were very broad. One person had a concern and was waiting for the service to call them back. We contacted the service when we received this feedback and the registered manager agreed to follow this up.

None of these issues had been recorded at the service which meant the registered manager would not be able to identify any themes or trends or use the information with staff as learning opportunities.

We recommend the provider review their complaints management process to ensure that complaints are handled effectively, including a timely response and explanation of the outcome, and concerns or complaints are formally recorded.

People's care and support needs were provided in a way that suited them and met their changing needs. We saw evidence that people's needs were assessed before the service commenced. People were asked about their day to day routine and how they preferred their visits to be provided and the service provided was flexible. One person told us, "I had real problems finding a care provider that could provide support that was flexible as I go to work; Pegail Care was the only provider that could accommodate flexible call times."

We were told by people and their relatives that they were involved in the assessment and care planning process. One person's relative said, "They arranged a visit and went through their needs in detail." Care plans were completed following assessment and they specified people's care requirements, preferences. They also contained information about their medical history and any allergies. Information available showed that people's care plans were reviewed and updated to reflect where people's needs had changed. People using the service or their representatives had signed the care plan.

Staff we spoke with demonstrated an awareness of people's preferences. One staff told us, "[Person] wanted their hair washed on a particular day, so we were happy to do that."

The registered manager told us that no one using the service was currently receiving end of life care, they added that they had provided this type of care and worked with other professionals when providing this type of support. Staff also confirmed that they had provided support at the end of people's life. Care plans looked at during our visit did not detail people's preferences around end of life care and not all staff had received training. The registered manager confirmed that they had provided end of life care and subsequently submitted the notifications. These notifications had not been submitted in a timely manner.

Is the service well-led?

Our findings

When we reviewed all the information we held about the service we found that the registered manager had not informed us of all the relevant events they must by law notify us about. The local authority had conducted some safeguarding investigations. The registered manager and provider were aware of these but they had not notified us about all of them. The registered manager told us he thought he had submitted them but was unable to produce evidence that they had been sent. These notifications were subsequently submitted following this inspection.

The above concerns constituted a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 (part 4)

The provider had some quality assurance processes in place but these were not always comprehensive. Positively, the provider reviewed people's care regularly and carried out spot checks of staff performance to check they were providing care to people in the best ways. The provider had also sought people's views. Relatives, staff and visiting professionals had completed an annual satisfaction survey in 2017. We were sent the analysis of these surveys following the inspection. The results of these told us that most people using the service and relatives were happy and satisfied with the overall quality of the service provided. However, the provider had not formulated an action plan as part of the analysis to demonstrate what they would change as a result of some feedback received about areas they felt could be improved upon. For example, in the staff analysis one return had demonstrated dissatisfaction with the training provided and how the service responded to complaints.

During the inspection we found a note on a MAR explaining why a gap had occurred and another note questioning why care notes were not completed properly which demonstrated the provider was looking at records related to the monitoring of the service however, this information was not detailed and did not always contain information to the follow up or outcome of these findings.

We discussed the quality assurance process in place with the registered manager who understood that some improvements were needed to processes and systems to ensure the safety and quality of the service provided could be fully monitored. We discussed the need to set up a robust quality assurance system, which would need to be in place if the company was to expand their care packages and their staff team.

We recommend the provider review their quality assurance processes to ensure that effective systems are in place to monitor the safety and the quality of the service being provided at all times.

The provider was also the registered manager. 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, relatives and staff were positive about the registered manager and the service provided. One person

said, "I am quite happy with the service and would not want to change them." One relative told us, "I have [registered managers] number and can ring with anything." Another relative said, "It is a good service." A staff member said, "I am always encouraged and this company does their best to provide good care."

The registered manager worked closely with staff which helped them to support staff and also monitor the staff culture. They worked alongside staff to care for people each day and they used this as an opportunity to discuss any concerns with them and to gather feedback informally.

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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 18 Registration Regulations 2009 Notifications of other incidents The provider did not always submit statutory notifications to CQC as required by law
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider did not have robust recruitment processes in place.