Patina's Homecare Services

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Inspection report

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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?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

At our last comprehensive inspection on 1 February 2017 we found that the service was not meeting the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider was in breach of the regulations for good governance. We asked the provider to complete an action plan to show what they would do and by when to improve the key questions of Safe and Well-led to at least good.

During this inspection, the service demonstrated to us that improvements had been made and that it was no longer in breach of this regulation. However, further improvements were still needed and we have made a recommendation that the provider continues with the improvements relating to their quality assurance processes.

This inspection took place on 13 March 2018 and was announced.

This service is a domiciliary care agency. It provides personal care to 33 people living in their own houses and flats in the community. It provides a service to older adults, younger adults and people who are living with a physical disability.

There was a registered manager 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.

Individual risks relating to people's health and wellbeing were not fully documented. Risk assessments did not contain sufficient guidance for staff about how risks can be managed and mitigated. Where risks had been identified, guidance provided in the risk assessments did not demonstrate how people were affected individually by the risk. However, staff knew people's individual risks and how to minimise known risks.

Environmental risks in people's homes were assessed and documented. This included guidance about what to do in the event of a fire and how to manage incidents with the water and gas supply to people's homes.

Staff knew their responsibilities in relation to keeping people safe. Staff knew how and who to report concerns of abuse too. Staff had also attended training in safeguarding.

There were enough staff to meet people's care needs and people received their visits on time.

Safe practices were in place for the recruitment of staff. Appropriate references and a clearance from the Disclosure and Barring Service were obtained before staff started working at the service.

People's medicines were managed in a safe way and people's medicines administration record charts showed that people were given their medicines as prescribed. Staff received training in the management of

people's medicines and their knowledge and practice in this area was regularly assessed.

Assessments of people's care needs took place before they started to use the service and people's care needs were reviewed on a regular basis.

Staff received training relevant to their role and received regular supervision from the management team. An induction programme was in place for new staff where they would shadow more experienced members of staff.

People were supported to maintain a healthy nutritional intake and staff were aware of people's individual needs relating to their food and fluid intake.

Referrals to other healthcare professionals were made in a timely manner where there were concerns about a person's health or wellbeing.

The CQC is required to monitor the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and report on what we find. Staff understood the principles of the MCA and had received training in this subject.

Staff treated people in a kind and caring way. People were cared for in a way that maintained their dignity and staff were respectful of their privacy. Confidential documents about people's care were stored in a safe way.

People and their relatives were involved in the planning of their care. People were given choices about how they would like their care to be delivered and their preferences around this were respected. The service was responsive to people's needs and visits could be rearranged at short notice.

When people transferred between services, there were measures in place to ensure that information about their health care needs was passed on to other relevant healthcare professionals who would be taking responsibility for providing people with their care.

There was a complaints policy in place and people knew who they would make a complaint to. People also felt comfortable in raising a complaint if needed.

Staff felt supported by the management and attended regular meetings. Communication from the management team with people who used the service and staff was open and frequent.

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.

There was insufficient guidance about how to manage and mitigate risks to people's health and wellbeing.

Accidents and incidents were documented and reviewed.

Staff knew what procedure they would follow to report any concerns of abuse.

There were enough staff to meet people's needs and safe recruitment processes were in place.

People's medicines were managed in a safe way and staff practice in this area was regularly assessed.

Is the service effective?

Good

The service was effective.

People's needs were assessed before they started to receive care from the service.

Staff received training relevant to their role and received regular supervision from the management team.

People were supported to maintain a healthy nutritional intake.

Measures were in place to ensure that people could move between different services with minimal disruption to their care.

The service worked within the principles of the Mental Capacity Act 2005.

Is the service caring?

Good

The service was caring.
People were treated in a kind and caring way. Their privacy and dignity was respected and upheld.

People were involved in the planning of their care.

Confidential documents relating to people's care were stored in a safe way.

Is the service responsive?

Good

The service was responsive.

People's care records required more detailed information to ensure that they contained enough information about people's individual needs.

Records relating to people's care were reviewed at regular intervals and updated when people's care needs changed.

People felt comfortable making a complaint and knew who they would direct their concerns to.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Systems to monitor and assess the quality of the service did not always identify areas for improvement.

Staff felt supported by the management and regular staff meetings took place.

Processes were in place to seek people's views and experiences about using the service.

Staff at the service worked with other organisations and agencies to improve the quality of care delivered.

Patina's Homecare Services

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 13 March 2018 and was unannounced. The inspection was carried out by two inspectors.

As part of the inspection, we reviewed the information available to us about the service, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law. Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Due to technical problems a PIR was not available for registered manager to complete and we took this into account when we inspected the service and made the judgements in this report.

We gave the service 48 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.

During the inspection, we spoke with the registered manager and care manager face to face and three members of care staff and three people who use the service, one person's relative and another person's close friend over the telephone. We reviewed the care records of three people and the medication administration record (MAR) charts for three people. We looked at three staff records relating to recruitment and training. In addition to this, we reviewed monitoring reports relating to the quality of service being delivered.

Requires Improvement

Is the service safe?

Our findings

The service was not consistently safe and the rating for this key question remains as requires improvement. At our previous inspection on 1 February 2017, we found that risk assessments were not always completed for known risks to people's health and wellbeing. Risk assessments that were in place, did not contain sufficient detail about how to manage and mitigate known risks. People's medicine administration records (MAR) charts did not contain enough detail about how to administer people's medicines.

At this inspection, we found that improvements had been made in relation to people's risk assessments. Further improvements were still needed. We saw that known risks were identified and there was some guidance in the risk assessment about how to mitigate the identified risk. However, the risk assessments did not provide detail about how the risk affects people individually. For example, one person was at risk of choking. There was nothing in their risk assessments to detail what the choking risk was, for example, certain foods. There was no indication as to whether the person had to have meals prepared by staff in a way that would minimise the risk of choking. This meant that we could not be assured that staff had enough information to support people in the safest possible way.

Whilst falls risk assessments were in place, these lacked detail about people's individual falls risks. For example, the falls risk assessment did not state if the person had a history of falls, if they were on medicines that could make them feel dizzy or if the person recognised their limitations in relation to mobilising. Additionally, some people were at risk of falls because they did not use a mobility aid they have been recommended to use.

We spoke with the registered manager about the lack of detail in people's risk assessments. They told us that they had put risk assessments in every person's care record even when they were not needed. This was so they could assure themselves that any potential risks were documented even though some people were not at risk of certain incidents, such as choking and falling. Staff we spoke with knew what people's individual risks were and how to minimise known risks.

Accidents and incidents were recorded and the registered manager reviewed accident reports on a regular basis. They had identified that one person had fallen three times in the space of a few weeks, the falls always occurred in the afternoon. The registered manager told us that they were in contact with the person's next of kin regarding the falls and a GP appointment was made to look at the possible causes of the falls.

Some people had hoists in their homes. We saw the inspection dates of the hoists were documented in the moving and handling risk assessments. This helped to ensure that moving and handling equipment was safe to use.

Environmental risks in people's homes were documented. Details of where to exit people's homes in the event of a fire were recorded in people's care files. The location of fuse boxes, stop cock and shut off valve for the gas were listed. This meant that staff had the necessary information to deal with an incident relating to a person's utilities, such as a water leak for example.

Staff supported some people with their medicines. We looked at the MAR charts for three people and saw that there were instructions on the MAR charts to tell staff how to administer people's medicines. One person's relative we spoke with told us that staff administer their relative's medicines on time. The MAR charts showed that staff signed to say that they had given people their medicines and we saw that there were no gaps on the charts where staff signed.

Staffs' competence in the safe management and administration of people's medicines was assessed regularly. One member of staff told us, "I've had my training in medicines and there are spot checks from the manager." We saw records which showed that one of the management team observed staff giving people their medicines. Staff were also given a set of questions about medicines to test their knowledge. These checks helped to ensure that staff had the knowledge and skills necessary to manage people's medicines safely. In addition to this, the registered manager looked at a sample of people's MAR charts every month and check to see that they had been completed correctly.

All of the people we spoke with told us that they felt safe being cared for by staff. Staff we spoke with understood their responsibilities in relation to reporting any concerns of abuse and knew what they different types of abuse were. All of the staff we spoke with told us that they had completed training in safeguarding and training records we looked at confirmed this.

The registered manager told us that they were in the process of recruiting more staff. They added that the staff were very good at working extra shifts to make up for the shortfall and had not had to use temporary staff from an employment agency to cover any visits to people.

The registered manager told us that they would not accept any more referrals to the service until they had recruited more staff. This was because they wanted to ensure they could provide the most appropriate care for people.

There were safe systems in place for the recruitment of staff. We looked at the recruitment files for three members of staff and saw that appropriate references had been sought. A background check from The Disclosure and Barring Service was also obtained before staff commenced their employment with the service. Carrying out such pre-employment checks helped to ensure that staff of a good character and who are suitable to work in care are employed.

People we spoke with told us that staff were nearly always on time and in the event they were running late, staff would call ahead and explain how long it would take them to get to them. Some staff had been with Patina's Homecare since the service started operating. The registered manager told us that they would pair new members of staff with more experienced staff. This meant that more experienced staff could mentor staff who may be new to working within the field of care.

Before our inspection, there had been a week of bad weather, which meant that some of the staff were unable to attend work. The registered manager told us how both they and the care manager drove staff to people's houses to ensure that people received their care. They went on to add that not one person missed a scheduled visit by staff. One person we spoke with commented, "[The staff] even managed to get to me in all that snow."

Staff understood their duties in relation to safe practices around infection control. Staff we spoke with told us the steps they would take to minimise infection risks. These included keeping up to date with their training in this area and wearing the correct protective equipment. One staff member old us, "There's always enough equipment, we have overshoes, aprons and gloves."

Good

Is the service effective?

Our findings

The rating for this key question remains good. People's care and support needs were assessed before they started to receive care provided by the service. The assessment process gave people and their relatives the chance to meet with the manager to discuss their needs and whether they could be met. We saw from people's care records, that their preferences about how they liked their care to be delivered were documented. There was guidance in people's care plans about what care people received at each of their visits.

Staff received training relevant to their role, such as moving and handling and training in the Mental Capacity Act 2005 (MCA). We looked at the training matrix and saw that all staff were up to date with their training and certificates in staff training records confirmed that staff had completed training set by the provider. People we spoke with thought that the staff were well trained. One person commented, "Oh yes, [the staff] are trained very well." One member of staff told us that their training was delivered in a variety of formats. These included face to face training, DVDs and paper-based exercises. Another staff member told us, "The training is really informative, you get the chance to ask questions. The training allows you to carry out your role."

An induction programme was in place for new staff. One member of staff told us that they went on visits with a more experienced member of staff for the first few weeks of their employment. The registered manager told us that this can be extended if the member of staff requires further mentoring. One member of staff explained to us that they met with the registered manager a few weeks after starting work with the service so they could discuss how they were finding their new role.

Staff were further supported through regular supervision and yearly appraisals. Staff we spoke with confirmed that they received supervision from the registered manager. Supervision is an opportunity for staff to meet with their manager and discuss and training needs or support they may need to carry out their role more effectively.

Some people who used the service required support with preparing their meals and eating them. There was information in people's care plans about their individual support needs in relation to maintaining a healthy nutritional intake. Staff told us how they supported people with their food and drink. One staff member explained, "There is one person who needs some encouragement to eat. I'll busy myself doing something else but keep an eye on them to make sure they're eating. I don't want to be stood over them when they're trying to eat."

We checked to see if staff had completed their training in food hygiene as they helped to prepare meals for some people. Training records we looked at confirmed that staff had attended this training.

The registered manager told us how they worked closely with the local authority as they made referrals to the service. The registered manager told us that they liaised with the local authority regarding any new referrals to ensure that they had the capacity at the service to meet people's care needs in a safe way.

People's care records contained the contact details of other professionals who were regularly involved in their care. For example, we saw one person's care records included the contact details of their GP and district nurse. We saw that any referrals staff made to healthcare professionals were documented in people's daily care notes. Staff documented where they had offered to call the GP and where people had refused this.

The 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.

The registered manager told us that no one using the service lacked mental capacity. However, staff we spoke with explained that they would always ask people if they wanted support with a certain activity or task, for example, assistance with washing their hair. Staff respected people's right to make their own decisions. One staff member explained, "People may make decisions that are not good for them but we have to respect that. We cannot tell them what to do. It's their life."

Good

Is the service caring?

Our findings

The service was caring. All of the people we spoke with told us that they were treated in a kind and caring way. One person described the care they received as, "amazing". Another person described that staff as being, "very, very good… they listen to you". A third person explained that they have "girl talk" and "banter" with the staff. They went on to describe the staff as being "very friendly". Another person told us that they liked to be 'well turned out' and that staff would take time and care over supporting them to maintain their personal appearance. One person's relative explained that the staff always had the time to talk and that they listen to both them and their relative.

People's communication needs were documented in their care records. We saw that one person was hard of hearing but they were able to lip read if staff spoke slowly and clearly. They were also able to communicate their needs to staff through writing down their needs and wishes. Staff we spoke with knew people's preferred ways of communicating and explained how they communicated with people according to their needs.

When new staff started working with the service, there were measures in place for an existing member of staff to introduce them to people. The registered manager and staff we spoke with told us that new members of staff visited people with more experienced staff. This gave people the opportunity to get to know new members of staff rather than have an unfamiliar staff member arrive to support them with their care needs. People we spoke with told us that they had the same staff members visit them. This meant that staff caring for people got to know them and their care needs well. One person's relative told us, "We have consistent carers that visit. They know my [relative's] needs well."

People and their relatives we spoke with told us that they were involved in the planning of their care. One person explained, "It's positive to have control over my own care." We saw that people's care records detailed what people could do for themselves and staff told us how they supported people to maintain their independence. One staff member commented, "I don't just do things for people, I like them to try to do things for themselves, like making a cup of tea."

Staff we spoke with explained to us that they felt as though they had enough time to spend with people and they were able to spend time speaking with people. One staff member told us that if they had some spare time then they helped out with extra tasks such as emptying the washing machine.

People's privacy and dignity was upheld. People told us that staff treated them in a respectful way and maintained their dignity when assisting them with their personal care needs. One person explained how staff were gentle with them when they were supported with their personal care. Staff told us that they ensured that the curtains and any doors were closed before they assisted people with their personal care.

Any confidential records relating to people's care and treatment were stored in locked cabinets in the office. This helped to ensure that people's personal details were only accessible to staff working at Patina's Homecare Services.

Good

Is the service responsive?

Our findings

The rating for this key question remains good. People received care according to their individual needs, however we noted that there were some areas of people's care records that required more information. This was to ensure that people's individual needs were thoroughly documented. For example, we saw in one person's care plan that they may want a shower but it was not clear if this should be offered when staff visited them.

There was a one page profile in each person's care record. This documented people's histories such as what they used to do for work, any family they had and their likes and dislikes. Whilst some person centred information was documented, we noted that more detailed information could be sought to provide a more holistic overview of people's care needs. For example, a section of the one page profile asked what people don't like doing or might worry or upset them. We saw that there was nothing here to guide staff about what the person may not like or could be upset by as this section had not been completed.

Each person had a 'transfer form' in their care records. This form listed people's medical history, any medicines they were on, next of kin and any professionals they were regularly in contact with in relation to their care needs. The registered manager told us that this form could be shown to paramedics and taken to hospital with people so healthcare professionals at the hospital could be made aware of people's care needs.

Staff recorded what care and treatment people received after every visit. We looked at these daily notes and saw that they were detailed and gave a good overview of the person's physical and emotional wellbeing.

We saw that people's care records were reviewed regularly and people's care plans and risk assessments were updated when their care needs changed.

People's care visits could be rearranged at short notice to fit in around people's day to day lives. One person told us that they were able to change the times of their visits when they knew that they had family visiting. Another person went to a day care centre during the week and their visits were arranged around those times.

We saw that there was a complaints policy in place and the registered manager informed us that people who use the service are given a copy of this policy. People we spoke with all told us that they knew who to direct any complaints to and that they felt comfortable raising any concerns. We looked at the complaints log and noted that no complaints had been received in the past 12 months.

We spoke with the registered manager about how they supported people at the end of their life. They told us that they have not supported people at the end of their life. They went on to say that if a person required end of life care then they would refer them to a more appropriate agency as they do not provide this level of care at the moment.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection on 1 February 2017, we found the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because suitable systems were not in place to monitor, assess and improve the quality and safety of the service. During this inspection on 13 March 2018, we found that the provider had made improvements and was no longer in breach of this regulation. However, there were some improvements that still needed to be made.

There were now audits of people's care records and this included people's risk assessments and care plans. Audits were also in place for people's medicine administration record charts and accidents and incidents. The audits we looked at showed that the registered manager checked to see that all of the required documents were in place and were in date. However, the content of the documents were not always checked. For example, we saw that the daily notes for one person had been audited but a fall reported in the daily notes had not been documented in the accident and incident book. The contents of people's care plans and risk assessments were not checked to ensure that they contained sufficient detail of people's care needs. This meant that the current system in place was not robust enough to identify areas for improvement within the service.

We recommend that that the registered manager continues with their improvements of the auditing of processes within the service in order to monitor the quality of the service being delivered.

The registered manager was aware of what incidents they were required to report to the Care Quality Commission but they had not had any need to notify us of any incidents over the past 12 months.

Staff we spoke with told us that they felt supported by the management team and understood what was expected of them. One staff member explained that they liked getting their rota a week in advance as they liked to know what times they would be working. Staff were kept informed of any changes within the service. One member of staff told us that there were regular team meetings but when staff could not attend these, minutes of the meetings were available. Records we looked at confirmed that staff meetings took place.

Morale within the staff team was good. One staff member commented, "All of the staff get on well." Staff we spoke with spoke enthusiastically about working for Patina's Homecare Services. One staff member explained, "I like all the clients. Putting a smile on their face makes my day. If I can make people's lives a bit better, then I will." A second member of staff told us, "I just love my job, I think that's why I've been here for so long."

Annual questionnaires were given to people who used the service. We looked at a sample of these and saw that people's feedback about the service was positive.

The registered manager told us that they liaised with other organisations to improve the quality of care people received. This also helped to ensure that when people moved between services, the transition was as efficient as possible.