

Palm Tree Home Care Limited

# Palm Tree Home Care Limited

## Inspection report

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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?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This announced inspection took place on 12 and 13 December 2017. We visited the office on 12 December 2017 and carried out phone calls to people who used the service and their relatives on 13 December 2017.

Palm Tree Home Care Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to younger and older adults. Not everyone using the service receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of this inspection 43 people were receiving personal care from the service. People who use the service live in Paignton and Torquay.

At the last inspection, the service was rated Good overall. At this inspection, we found the service remained Good and had improved to an outstanding rating for caring.

Why the service is rated good:

People received a safe service. One person said "Totally safe, I have no worries." A relative said "Living at a distance it gave me great peace of mind to know she was in safe and understanding hands." People told us they felt safe and comfortable when staff were in their home and when they received care. Staff knew how to recognise signs of potential abuse and understood how to report any concerns in line with the service's safeguarding policy. Risks had been appropriately assessed and staff had been provided with clear guidance on the management of identified risks. People were protected from the risks associated with unsafe medicine administration because medicines were managed safely.

People received effective care because staff had the skills and knowledge required to support them. People commented, "They're a good group of carers" and "Very efficient and well trained". A community professional said, "I have met a couple of staff who have appeared to be professional, helpful and proactive." Staff monitored people's healthcare needs and advice and support was sought from healthcare professionals when needed.

Staff provided a very caring service to people. We heard many examples of how staff went over and above their responsibilities, in their own time, to support people and their families. Without exception, we received excellent feedback from people who used the service, their relatives and representatives. Comments included, "They're excellent", "I'd put a gold star against them", and "I'd give them A\*, always willing to go that extra mile." People benefited from small, regular staff teams who they had built strong relationships with over time. People and their relatives said, "They're marvellous and very caring" and "They always send the same staff. She knows them, they're like family to her."

People received personalised care which was delivered in accordance with their wishes and lifestyle. People's communication needs were met. The service was complying with the Accessible Information

Standard (AIS). The AIS applies to people using the service who have information and communication needs relating to a disability, impairment or sensory loss. For example, one person was unable to communicate verbally. Staff told us they understood what the person wanted through facial expressions. The person's representative told us they were happy with the way staff communicated with them. This ensured the person was able to communicate with staff and their needs were met in the way they wanted.

The service was well led. People and staff told us the management team were open and approachable. People told us "They're absolutely brilliant", "I can't praise them enough" and "I don't know what I'd do without them." Staff said "They've been amazing", "They're always on the end of the phone" and "I love working for them." The manager and provider sought people's views, listened to them and used suggestions to make improvements. The manager and provider had monitoring systems which enabled them to identify good practice and areas of improvement.

Further information is in the detailed findings below.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Outstanding ☆

The service has improved to Outstanding.

People's feedback was overwhelmingly positive. People were cared for by staff who went 'the extra mile' for them.

People benefited from staff who took time to listen to them and let to know them. Staff had formed strong caring relationships with people.

People and their relatives were involved in their care and staff respected people's wishes.

People benefited from staff who promoted their independence and encouraged them to do as much for themselves as possible.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Palm Tree Home Care 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 checked whether the provider was 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 12 and 13 December 2017 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure they would be in.

Inspection site visit activity started on 12 December 2017 and ended on 13 December 2017. It included phone calls to people who used the service and their relatives, obtaining feedback from healthcare professionals who were involved with the service and meeting with care staff. We visited the office location on 12 December 2017 to see the registered manager and deputy manager and to review care records and policies and procedures. One adult social care inspector carried out this inspection.

Before the inspection we reviewed the information we held about the service. This included previous contact about the service and notifications we had received. A notification is information about important events which the service is required to send us by law. The provider also completed 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.

We used a range of different methods to help us understand people's experience. We spoke with nine people who used the service and three relatives/representatives over the telephone. We spoke with three care staff, a senior care staff member, the director, and the registered manager. We received feedback from one community professional.

We looked at care records for four people; three staff recruitment files; staff training, supervision and

appraisal records and those related to the management of the service, including quality audits. We looked at how the service supported people with their medicines.

# Is the service safe?

## Our findings

The service continued to provide safe care. Each person told us they felt safe. One person said "Totally safe, I have no worries." A relative said, "Living at a distance it gave me great peace of mind to know she was in safe and understanding hands." People were protected from avoidable harm and abuse that may breach their human rights because the provider had effective safeguarding systems in place. People were protected from the risks of abuse because staff received training on how to recognise and report any suspicions of abuse. Staff told us they felt able to report any concerns and were confident that if they raised concerns, action would be taken to make sure people were safe. There were effective recruitment and selection processes for new staff. This included carrying out checks to make sure new staff were safe to work with the people who used the service. Staff did not start work until satisfactory checks and employment references had been obtained.

Risks to people had been assessed and were safely managed. The provider told us any risks were assessed and they ensured that acceptable risks were managed. Risk assessments had been undertaken for each person. These were accurate, stored securely and available to staff. Staff had completed training in safe working practices such as moving and handling to ensure they could support people to stay safe. Risk assessments had been carried out in relation to falls, nutrition, skin care, and mobility. When one person had fallen, staff arranged a one off additional visit to go and assist them. Following this accident, the registered manager supported the person's relative to organise a falls alarm that could send a call through to a contact centre and arrange an ambulance, if needed. Risk assessments relating to each person's home environment had been completed. Where concerns were identified, action had been taken to reduce the risks to people. During our inspection, a staff member raised concerns about one person who was leaving their door unlocked. The staff member and registered manager discussed the benefits of this person having a key safe. They planned to suggest this to the person to ensure their home was secure.

People were supported safely with their medicines and told us they were happy with the support they received. People also had the opportunity to manage their own medicines if they wanted to and if they had been assessed as safe to do so. Staff had completed medicines training and been assessed as competent to administer medicines. They completed medication administration record (MAR) sheets after giving people their medicines. The MAR sheets were audited every month to ensure people had received their medicines as prescribed to promote good health. We sampled MAR sheets and found when staff had not signed after administering medicines, the registered manager had discussed this with them. This reminded staff to ensure they signed the MAR sheets. When staff identified the pharmacy had sent the wrong medicines, they took swift action to ensure the person received the correct medicines.

There were enough competent staff to carry out people's visits and keep them safe. People received a rota each week so they knew who was visiting them and when the visit would take place. Staff told us they had enough travel times between visits and enough time at each visit to ensure they delivered care safely.

There was an on call telephone number for people and staff to ring at any time. The registered manager, director and senior care staff managed the on call system. Arrangements were in place to deal with

foreseeable emergencies. The registered manager had a plan of the action to be taken in events such as severe weather conditions and staff shortages. Visits to people who may be at risk were prioritised.

Good infection control practices were followed. Each person told us staff did all they could to prevent and control infection. Staff told us and records showed staff were provided with infection control training to ensure they followed good infection control principles. Staff were provided with gloves and aprons and they told us these were freely available from the office. Staff had a good understanding of food hygiene and safety as they had completed training.

# Is the service effective?

## Our findings

The service continued to provide people with effective care and support. People were supported by staff who knew them well and had the skills to meet their needs

People's care and support was planned and delivered effectively to ensure the best outcomes were achieved. Staff treated each person as an individual and ensured people were not discriminated against when making their care and support decisions. The registered manager told us they gathered information about each person's background, preferences, medical needs, and care needs. People commented, "They're a good group of carers" and "Very efficient and well trained". A community professional said "I have met a couple of staff who have appeared to be professional, helpful and proactive."

People benefited from effective care because staff were trained and supported to meet their needs. Staff told us they were happy with their training. In-house training was provided for staff to ensure they had the knowledge and skills they needed. This consisted of online training, face to face training, presentations, discussion, questions, and case studies. The registered manager had attended 'Train the Trainer' courses in safeguarding adults, equality and diversity, and professional boundaries. They had designed the training packages to include self assessment of staff's skills, presentations, and scenarios for discussion. They obtained information from manager networks, the local authority and Skills for Care. This ensured they reflected current good practice and relevant legislation. New staff completed training before going out to visit people. The induction programme for new staff included fire procedures, safer working practice, safeguarding, infection prevention and control, moving and handling, equality and diversity, practical skills, medicines and record keeping.

New staff worked alongside experienced staff to observe how people had their care delivered. One new staff member told us how they had been supported to visit people on a number of occasions until they felt confident. Staff were observed and assessed during these shifts. This ensured they were competent to work on their own. Experienced staff had completed training which was up-to-date in areas relating to care practice, people's needs and health and safety. Staff were encouraged to develop their skills and knowledge by completing diplomas in health and social care.

Staff told us they met regularly with the registered manager to talk about their job role and discuss any issues they may have. Staff told us they felt well supported and they could come into the office at any time and speak with the registered manager or director. Staff had an appraisal every year. These meetings gave staff an opportunity to review their progress and agree future training and development goals.

Staff supported some people with their meals. Staff told us they offered people a choice of their preferred foods. Staff knew to contact the office if people did not eat enough or they had any other concerns in relation to eating. One person had lost weight and staff had monitored their weight. Staff worked with the district nurses and dietician who visited regularly. Staff stayed with the person and encouraged them to eat. They found the person ate more if they were sitting at the dining room table.

Most people who used the service were able to contact healthcare services independently. Staff told us if they had concerns about people's health they would let the office know. They were confident action would be taken. People's care and support was regularly reviewed and updated. Appropriate referrals were made to external services to ensure people's needs continued to be met. We saw evidence of occasions when people were not well and staff had supported them to seek advice.

Some people who used the service were living with dementia. We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). 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. The registered manager and staff had a good awareness of the MCA and consent to care and treatment.

At the time of our inspection, each person had capacity to make decisions relating to their care. The registered manager had forms available if they needed to carry out mental capacity assessments to check whether people had capacity to make decisions. Care plans were signed by each person and showed consent to care and treatment had been obtained. Staff told us they gained consent from people before carrying out personal care and respected people's choices. Each staff member carried the Skills for Care card "What is the Mental Capacity Act". This reminded them of the five principles they must follow when considering people's capacity to make decisions.

## Is the service caring?

### Our findings

The service was very caring. Without exception, we received excellent feedback from people who used the service, their relatives and representatives. Many people told us staff went above and beyond or the extra mile to make sure they were content. Comments included, "They're excellent", "I'd put a gold star against them" and "I'd give them A\*, always willing to go that extra mile."

There were numerous compliments and comments on quality assurance questionnaires that showed the caring nature of the staff. People had written, "You kept us fully informed and carried out several tasks over and above your normal involvement", "You made all the difference to dad and us" and "Thank you for your consistent and loving care of mum and your attention to detail."

During the inspection, we heard many examples of how staff went over and above their responsibilities, in their own time, to support people and their families. Staff found out one person who was living with dementia loved dogs. They arranged to take their dog to visit this person and as a result, the person smiled, got out of their chair to take the dog's lead and began to speak. The interaction with the dog led to this person speaking for the first time in three years. Staff continued to visit with the dog every week as it had made such an improvement to this person's wellbeing.

Staff supported another person to go to a lunch club. They found out what type of music the person liked and made a compilation of all of their favourite music. When the staff member surprised the person by playing the music to them, they sang all the way on the car journey.

When one person's electricity failed, staff called the electricity supplier and sought permission from the family to arrange for an electrician to attend. Staff then stayed with this person for three hours until the electrician had restored the supply. This ensured the person was safe and staff were able to provide reassurance and a hot meal.

On Christmas day, a relative rang to say they were unwell and wouldn't be able to act in their normal role as the second carer. The registered manager went straight out to support their care staff. This meant the person was not left in bed all day. Another relative usually visited their loved one every evening. However, when they had a night out, they told us a staff member would go and check their relative was safely in bed.

One person told us how staff were always willing to post letters for them or pick them up some bread or milk when they ran out. This showed staff were thoughtful as they wanted to make sure the person didn't have to go without.

Staff made themselves available to people and their relatives at times when they needed caring and compassionate support. For example, staff visited one person who had recently lost their spouse. This person had no family living locally so staff called in a couple of times a week to provide emotional support. This person told us, "If I'm worried I ring them. If I want anything, I just give them a ring and they'll sort something out." Another person's family lived away and they were on their own on Christmas day. Staff took

their electronic tablet to the person's house so the person could see and speak with their family. This meant a lot to the person as otherwise they wouldn't have seen their family.

The registered manager told us, "We make every effort to ensure continuity of care. This helps the service user and staff to build a good rapport." People benefited from small, regular staff teams who they had built strong relationships with over time. Staff spoke about the people they cared for with compassion and concern. They knew people well and were able to discuss people's care needs, preferences and interests in detail. When people and staff shared interests, staff were matched to the person so they could spend time together. For example, one person was a keen chess player. A staff member who played chess was included in the person's care team. The person's relative was really happy with this and said it was so good for their loved one to be able to play chess.

The registered manager said, "When we recruit new staff we ensure they are the right people for the role". All staff told us they enjoyed their role and were passionate about achieving high quality care for each person. Staff said, "I love keeping people in their own homes" and "I get a big smile when I walk in. I enjoy meeting people and listening to their stories." People and their relatives said, "They're marvellous and very caring" and "They always send the same staff. She knows them, they're like family to her."

People and their relatives told us they were regularly involved in planning their care and support. People said, "They know exactly what I want" and "We're always discussing my care." People told us they were regularly asked whether they were happy about the way in which staff supported them. People told us they felt able to ask for anything they needed. They said they were able to make decisions about their care and discuss any changes with the staff.

People told us staff were careful to protect their privacy and respected their wishes. When asked about dignity and respect on the service's quality assurance survey, people responded that staff either exceeded or met their needs. The registered manager told us, "All staff are trained in dignity and respect, and as they visit clients regularly they have a close working relationship. When we perform client reviews each month this is one of the questions we ask. Dignity and respect is also discussed in team meetings that occur regularly and client preferences are always adhered to, ie male/female, curtains closed, bath door shut etc." Staff told us they knew and respected people's preferences and chatted with people whilst supporting them with personal care so they felt comfortable. People confirmed they felt comfortable with staff and were never rushed.

People's independence was promoted and care plans told staff to encourage people to do as much for themselves as possible. The registered manager told us, "We encourage every individual to be as independent as possible, this may mean they need the tools to ensure that they are able to live the independent life they choose." A staff member had identified when one person may benefit from equipment in the bathroom so they could maintain their independence. They had worked with the occupational therapist and this equipment had been put in place. People told us they liked to be independent and staff respected this, offering help when needed. One person said, "They allow me to do what I am able to as part of my recovery." Staff told us how they encouraged people to help with daily living tasks such as doing the washing up or making a cup of tea.

Staff were all trained in professional boundaries and confidentiality and had a good awareness of what was expected of them. Staff told us this was discussed at supervisions and meetings. The registered manager told us they ensured people were made aware of how their information was stored and protected. Each person received this information in the 'customer hand book'.

## Is the service responsive?

### Our findings

The service continued to be responsive. Care and support was personalised to each person. People told us they received support which was responsive to their needs and respected their choices and preferences.

Each person had a detailed assessment of their needs before they started to use the service. This helped to ensure the service was able to meet their needs and expectations. This information was used to develop a care plan to help enable people to live as independently as possible. The registered manager told us, "The initial assessment is a time to capture information but also a time to discuss what the person needs and what is most important to them, regardless of age, gender, race, religion, or belief." People told us they were happy that they were involved in developing and reviewing their care needs.

Once they had all agreed the service would benefit them, information was transferred into a care plan for staff to follow. Each person had a care plan that was tailored to meet their individual needs. These plans described the support people needed to manage their day to day needs. This included information such as their preferred routine, guidance about how to meet people's needs and other information such as their food and drink preferences.

Staff knew people well and were able to tell us how they supported people. Staff recorded the care they provided at each visit and we saw these records were detailed and clearly written. Staff told us they read the care plans and checked them at each visit for any changes. The registered manager told us care plans were reviewed every six months or as soon as any changes were identified. When people's needs changed, staff carried out further assessments to ensure their needs continued to be met appropriately.

People's communication needs were met. The service was complying with the Accessible Information Standard (AIS). The AIS applies to people using the service who have information and communication needs relating to a disability, impairment or sensory loss. Each person's initial assessment identified their communication needs, while determining if the service could meet their needs. Each person's support plan contained details of how they communicated and how staff should communicate with them. For example, one person was unable to communicate verbally. Staff told us they understood what the person wanted through facial expressions. The person's representative told us they were happy with the way staff communicated with them. This ensured the person was able to communicate with staff and their needs were met in the way they wanted.

The service encouraged people to access the community and had suggested additional visits where people would benefit from going out and having social time. We heard examples of staff supporting people to go out shopping, for coffee, swimming, and to the sea front. Staff were aware that some people may be at risk of social isolation as they didn't go out. One person commented, "They provide company which is lovely when you're on your own." Staff told us they had suggested a voluntary befriending service to some people. When a memory café opened in the town centre, the service sent each person an information leaflet.

People told us the service was flexible, staff always listened to them and did their best to change times to

meet their needs. This meant people were able to attend events and appointments. We were told of a visit being made earlier on a Sunday so one person could attend church. Another person had been prescribed timed medicines for a day and staff had moved the visits to ensure these were administered at the correct times. One person commented, "The office do all they can to accommodate us and offer flexibility when required."

People were aware of how to make a complaint and felt able to raise concerns if something was not right. People were given information about how to complain. The service had not received any complaints and people told us they didn't have any complaints. People told us, "There's nothing negative", "I don't have any problems" and "No complaints whatsoever."

Staff were not providing any end of life care at the time of our inspection. The registered manager told us people's preferences and choices would be discussed with them and their families, where appropriate. The registered manager told us they would support people so they could stay in their own home. The service would provide a small team of regular staff. Staff had completed end of life training. The service had previously worked with people at the end of their life and obtained specialist support from the hospice when needed. This ensured people were supported at the end of their life to have a comfortable, dignified and pain free death.

## Is the service well-led?

### Our findings

The service continued to be well led. People and staff spoke positively about the leadership of the service and told us the service was well managed.

The service had a 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.

Since the last inspection, the registered manager had completed the Level 5 Diploma in Leadership and Management. This showed they had the skills and knowledge to manage and improve the service.

People and staff told us the management was open and approachable. The provider information return said, "It is important to serve as a role model and lead as we would want to be led." People told us, "They're absolutely brilliant", "I can't praise them enough" and "I don't know what I'd do without them." Staff said, "They've been amazing", "They're always on the end of the phone" and "I love working for them."

The culture of the service was caring and focused on ensuring people received high quality person-centred care. It was evident staff knew people well and put these values into practice. There was an emphasis on getting to know the person and tailoring the service to meet their individual needs and preferences. People were involved in the running of the service and encouraged to share their views. For example, people were asked for feedback when new staff carried out visits with experienced staff. This feedback was then used in staff supervisions. People were asked for feedback every month and questionnaires were given out annually so they could give feedback. The survey carried out in August 2017 was positive and confirmed people were happy with the care and support they received. The registered manager had written to each person with the outcome of the survey.

Staff and managers shared information in a variety of ways, such as face to face and more formally through team meetings. At a recent team meeting staff had the opportunity to discuss people's care and support needs, share information, and identify any training needs. Staff knew their roles and responsibilities. The team included the director, registered manager, four senior care staff, and care staff. The managers worked alongside staff to deliver care and led by example. Staff told us they were treated equally. The registered manager told us, "All staff have been amazing." The registered manager demonstrated how they valued staff, for example by arranging Christmas presents and a team meal.

The registered manager and director were keen to develop and improve the service. The registered manager had signed up to the Purple Angel Dementia Awareness Campaign. The purpose of the campaign is to raise awareness, give hope to and empower people with dementia. The registered manager attended talks and groups. They had arranged for a staff training sessions to be carried out over a number of days so all staff could attend. They kept up-to-date with best practice by accessing professional websites. The registered manager was a member of a social media group called 'The outstanding manager'. They attended meetings

with the local authority who commissioned their service. This enabled them to keep up-to-date with good practice and find out what was happening in the care profession. The registered manager told us they planned to make further improvements to training, care plans, information, and professional relationships in the next 12 months. They were in discussions with a charity and had offered to volunteer to train older people to use the internet.

In the past 12 months, the registered manager had worked in partnership with GPs, care managers, district nurses, occupational therapists and the local hospice to ensure 'joined up' care was delivered to people. This meant people benefited from high quality care and improved outcomes. A community professional told us, "I have always found both (director and registered manager's names) helpful and efficient. Any queries or concerns I have raised have been dealt with quickly with call backs being received as requested with updated information."

Records were well organised, up-to-date and stored securely. An audit system was in place to monitor the quality of the service. Records were checked when they were brought back from people's homes on a regular basis. The registered manager carried out checks during care visits to observe staff's competency.

The manager had notified the Care Quality Commission of significant events, which had occurred in line with their legal responsibilities.