Pannonia Care Limited

Pannonia Care

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
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 was carried out on 1 and 4 September 2017 and was announced. Pannonia Care provides personal care and support for people in their own homes. This includes people that are old and frail and people that have disabilities. The service provides day care and live in care. At the time of our inspection the service provided personal care to 11 people.

There was a registered manager in post and present at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Risks to people were not always assessed in order to keep them safe from harm. Staff were not keeping a record of what medicines people were being given and there was guidance missing for as and when medicines.

The provider had not ensured that all new staff were thoroughly checked to make sure they were suitable to work for the service. We have made a recommendation around this.

People told us that they felt safe with staff and staff understood what to do if they suspected any form of abuse.

Staff had not always received appropriate training and supervision in relation to their role. Inductions for staff were not always taking place. Other mandatory training was provided to some staff.

There was a risk that people's rights were not protected because staff did not act in accordance with the Mental Capacity Act 2005 (MCA). Where people's capacity was in question MCA assessments were not taking place.

Care plans were not always personalised and did not always have detailed guidance for staff specific to each person needs. Assessments of people's needs before they received care was not always undertaken.

There were not always robust systems in place to monitor its delivery of care. Audit checks were not always robust in identifying improvements that were needed. Confidential information about people was not always kept securely.

Notifications that were required to be alerted to the CQC were not being sent.

There were sufficient numbers of staff to provide the support that people needed.

Where needed staff supported people with their food and drink. People told us that they were supported with meals and drinks.

People told us they were happy with the care they received and thought the staff were kind to them. They told us that staff treated them with dignity and respect and our observations supported this.

People told us that when staff were going to be late they would be informed. They said that they were always introduced to the staff before care commenced.

People and their relatives knew what to do if they needed to make a complaint and felt listened to.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Risk assessments had not always been completed with the necessary information to help people remain safe.

Medicines were not always being administered in a safe way.

Improvements were required with the recruitment process where new staff were employed.

People told us that they felt safe in their own homes with staff there.

Staff received safeguarding training and were knowledgeable about how to safeguard people.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff did not always have the skills and knowledge to undertake their role.

Staff had not always received appropriate training specific to the needs of people. Staff had not always had appropriate supervisions to support them in their role.

Staff and the registered manager did not have a clear understanding of the Mental Capacity Act (MCA) and its principles. MCA assessments were not taking place where required.

People were supported meals and drinks when they needed.

Is the service caring?

Good

The service was caring.

Staff treated people were with kindness and compassion.

People felt that staff always treated them with dignity and respect and we saw that this was the case.

People were introduced to the member of staff and were notified when they were going to be late.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People's needs were not always assessed when they joined the service. Information regarding people's care lacked guidance.

People knew how to make a complaint and who to complain to.

Is the service well-led?

Requires Improvement

The service was not always well- led.

There were not appropriate systems in place that monitored the safety and quality of the service.

People's views were not always gained and used to improve the quality of the service.

People and staff thought the manager was supportive and they could go to them with any concerns.

The culture of the service was supportive.

Pannonia 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We received concerns from the Local Authority that related to safeguarding concerns that had been raised by them. This was being investigated by the Local Authority and we have asked them to update us on this. As a result we inspected the service sooner than we had originally planned. At the time of the inspection the safeguarding concerns were still being investigated. This inspection took place on 1 and 4 September 2017 and was announced. We gave the service 48 hours' notice of the inspection because the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. We also needed the registered manager to organise visits to people in their homes. On this inspection there were two inspectors.

Prior to the inspection we reviewed the information we had about the service. This included information sent to us by the provider, about the staff and the people who used the service. We reviewed the information supplied by the registered manager and we checked information that we held about the service and the service provider.

On day one of the inspection, with permission of the person, we visited four people in their homes to observe care being provided by staff. We spoke with people and their relatives about experiences of the care being provided. We also spoke with three members of staff. On day two we visited the office of Pannonia Care and spoke with the registered manager. We looked at a sample of four care plans of people who used the service, medicine administration records, recruitment files for staff, and training and supervision records for staff. We looked at records that related to the management of the service. This included minutes of staff meetings and audits of the service.

This was the first inspection undertaken at this service.

Requires Improvement

Is the service safe?

Our findings

Risks to people were not always assessed in order to keep them safe from harm. Risks to people were not always assessed with measures taken to enable people to live safely in their homes. One person was being provided live in care and had started receiving the service the week before the inspection and they had not had any risk assessments undertaken. This was despite their hospital records stating they had diabetes and that the person was at risk when making hot drinks. The registered manager confirmed that no risk assessments had taken place with this person. When we reviewed other care plans for people the risk assessments were limited. For example no risk assessments had taken place in relation to the equipment people needed to move and handle them or their environment.

Another person's records from their previous care provider had stated that the person required thickener in their drink however no risk assessment had taken place in relation to this. The registered manager was unsure if the person still required thickener. There was a risk that staff were providing drinks that were not safe for the person to drink. The registered manager told us that this had been an oversight on their behalf. They told us that they would let us know after the inspection that this had been addressed. However, to date we have not received information about this. There was another person with a bed rail and a risk assessment had not been taken in relation to the use of this to ensure that it was safe for the person to use. The registered manager was unaware that bed rails risk assessments needed to take place. The service policy stated, 'In order to carry out a high quality service, carrying out a thorough risk assessment in the home is essential.' The provider was not following their own policy in relation to this.

Medicines were not always managed in a safe way. We reviewed the Medicine Administration Charts (MAR) for people. Staff had not always maintained a record of people's medicines including the amount received and what medicines should be taken. Where medicines had been administered from a blister pack (from the pharmacists) staff were not recording what the specific medicines were. Staff were just recording the numbers of tablets taken and not what they were. There was a risk that staff would not know what medicines people had received.

Where people were refusing medicines there was no record made of why the person was refusing. There was a risk that the person was refusing medicines that were crucial. There were people that had PRN (as and when required) medicines. There were no PRN protocols in place to guide staff as to when they may be required. The service policy stated that 'The MAR chart should record the name of the medication, dosage and time of administration…If the service user refuses to take any medication, the employees must record the refusal, the reason for the refusal and the type of medication refused.' They were not following their own policy in relation to this.

As care and treatment was not always provided in a safe way this is a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a risk to people as the provider had not ensured that all new staff were thoroughly checked to make sure they were suitable to work for the service. The service policy stated that, 'Prior to the

commencement of employment…each applicant will be asked to provide details of referees which must be their two most recent employers.' However when we reviewed staff files we found that for one member of staff the reference information did not relate to their most recent employer, and copies of the references were not held on the file. The registered manager told us that the reference they had obtained were from, "Ages ago." They told us that they had not obtained more up to date references before the staff member started work. Another file only contained one reference for the member of staff. Where interviews had taken place there was a copy of the interview questions and answers that staff gave. For one member of staff half of the questions on the interview form had not been asked.

Other documents that had been obtained included checks with the Disclosure and Barring Service (DBS.) The DBS checks people's criminal history and their suitability to work with vulnerable people, health questionnaires, proof of identity and full employment background.

We recommend the provider ensures robust recruitment practices are followed and operated effectively.

People said that they felt safe in their homes with the staff from the service. One person told us, "The service is excellent. We don't have to worry. We have complete trust in [the member of staff]." Another person said, "She [the member of staff] is very conscious of safety. She tells me not to do things." A third told us, "I've never had any doubt (about their safety)." A fourth told us, "With my carer I can safely say I will allow her to touch me. I wouldn't let anyone else. She watches me all the time. She says be careful. She helps me to walk and get in and out of the car." One relative told us, "I feel my wife is in safe hands."

Staff understood safeguarding adults procedures and what to do if they suspected any type of abuse. One member of staff said, "I have done safeguarding training. If someone was abused I would report and record it. When asked about different types of abuse they told us, "Physical abuse I would see bruises. I will ask the client what has happened. It could be a fall or abuse. I need to report it because I don't know what happened. It needs investigating." There was a safeguarding adults policy that staff were able to access and staff had received training in safeguarding people.

People were supported by sufficient numbers of staff to meet their needs. As the service was still in its infancy and they only had a small numbers of clients, the registered manager told us that in staff absence they would cover the call as they were also a trained carer. They told us that as the number of clients increased they would recruit additional staff. One person told us, "[The registered manager] comes out when cover is needed." Another told us, "[The registered manager] comes in if she can't find anyone." A third person said, "Most of the time they are on time. They always turn up."

Requires Improvement

Is the service effective?

Our findings

People had not always received effective care and support from staff who had the skills and knowledge to meet their needs. One person had a particular health care condition. The person said, "None of them are trained. It is not a problem. [The registered manager] is familiar with my needs. The staff are competent. They are learning on the job because I have a rare medical condition. They are prepared to listen and learn. They are responding to my needs and not causing me pain." However despite the person telling us that staff provided effective support there was a risk that without the particular training they may not provide the most appropriate care. The provider's policy states that, 'Care workers will be required to undertake specific training courses which are appropriate to their role.' However staff had not been provided with training in relation to this particular medical condition.

One new member of staff had started providing live in care for a person without completing any of the service mandatory training or any formal induction. The registered manager told us that the new person had been taken on quite recently and they needed to find a member of staff quickly. They told us, "[The member of staff] hasn't done any training with the company. I took her word for it that she had done training previously." One member of staff told us that they could not recall if they had undergone an induction before they started work. They said, "I don't remember. I had moving and handling training. Because I was a carer before I had training. I have done training on line." Another member of staff said, "I have enough training. We could do more." The service policy stated that before any staff provided care they were required to complete the mandatory training and a period of shadowing lasting 36 hours. This was not always being followed.

Supervision of staff to assess their competency was not always undertaken. There were staff at the service that had been there for a number of months who had not received any form of supervision of their work. The service policy stated that at least once a month, during their probation period, staff would have supervision with their manager. Three staff members' files we looked at that had been working at the service since May 2017 did not contain any evidence of supervisions. The registered manager confirmed that these had not taken place.

As staff were not always receiving the appropriate training and supervision to undertake their role and staff were not always competent and skilled this is a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Other staff had completed mandatory training which included: dementia, moving and handling, first aid, health and safety, food hygiene, safeguarding and medication. There were records in some staff files of supervisions that they had undertaken with their manager to assess their competencies. One member of staff said in relation to supervisions, "We talk about rotas, clients, what to expect in the future, how we feel ourselves. I meet with her (the registered manager) regularly." Another member of staff said, "I have had training in moving and handling and carer's duties." People and relatives did provide positive feedback about the care that was being delivered. One told us, "The carers are brilliant. The best I have ever had."

There was a risk that people's rights were not protected because staff did not act in accordance with the Mental Capacity Act 2005 (MCA). MCA provides a legal framework for making 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 a person lacks the mental capacity to make a particular decision, any made on their behalf must be in their best interests and the least restrictive option available. We checked whether the service was working within the principles of the MCA. We spoke with the registered manager about the MCA. They were not aware of its principles or that they had to undertake MCAs where they believed people might lack capacity. They told us that that there were at least two people receiving care where they felt their capacity was "Varying." One of these people had been refusing medicines but no steps had been taken to assess their capacity in relation to the refusal of the medicine. The staff we spoke with did not understand MCA or its principles. Staff had not received any training around MCA and there was no service policy in relation to this.

The registered manager told us that when they agreed the package of care with people they did not require them to sign the contract to agree to the care. They told us, "I send the care plan and assume that they read it." There were no systems in place to ensure that people had the capacity to make decisions about the care that was being proposed.

As care and treatment was not always provided with the appropriate consent this is a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Where needed staff supported people with their food and drink. People confirmed that staff ensured they had enough food and drink before they left their home. One person told us, "Staff cook what I want." One relative told us, "They all get his breakfast and they make me tea as well." During our visits to people's homes we saw that staff made people drinks when they needed and prepared breakfast. We saw that people were supported to maintain health care appointments when they needed this.

Good

Is the service caring?

Our findings

People told us they were happy with the care they received and thought the staff were kind to them. Comments from people and relatives included, "Carers know the possibility of me going into crisis and always ask what's needed. If they don't ask, I will say. It's never a problem"; "Staff are caring. I can't function without them"; "They are reliable. I rang last week and asked if they could come early as [the person] wanted to go to the toilet. They did", "I would be devastated if [the member of staff] left. She's like a family member to me"; "They look after me as well which is very, very nice. When they see me down, they put their arms around me."

People and relatives felt that staff considerate to their needs and that they enjoyed the staff's company. One person said, "They [staff] are kind. They drive me to the shop. They listen to me and my voice is heard. I have never met a more giving company. If they left me I don't know what I would do." Another person said, "We have a lot of fun. We both paint. She says I'm an inspiration to her. We really gel." A third told us, "They care about me and my family and they encourage me. They are positive. They have a positive attitude." One relative said, "I find staff are caring. Last week my wife was ill. [The member of staff] stayed with me because I was finding it a struggle. "

People received care and support from staff that treated them with respect and dignity. Comments from people and relatives included, "None of them [the staff] discuss anyone else. They never ask personal questions", "They never discuss anyone", "They are polite and respectful. They even ask if they can use the loo" and "They treat me with respect and dignity. They never ever force their opinion on me. They say they learn from me." We saw that staff spoke with people in a respectful, caring manner. When personal care was being delivered we observed the member of staff take the person into the bedroom and pull the door closed to protect their dignity

People were informed if the member of staff was going to be late so that they knew a carer was still attending. The registered manager told us that when staff were going to be late they would contact them and the registered manager would then call the person. People confirmed that they were contacted if staff were going to be late. One person said, "There has never been a time when we haven't had someone." Another said, "[Staff] turn up on time, very much so. I can't fault them with timekeeping. If there are any hiccups [the registered manager] phones but they are far and few between." As much as possible people received their call visits at the time of day they preferred. People told us that staff were flexible in relation to the times that people wanted their calls.

It was clear from observations and discussions that staff knew people. We saw one member of staff engage with a person and it was clear that they knew all about their family and the things that they liked to do. They laughed and chatted together. People and relatives felt that staff were flexible around the care that was required. One relative said, "We receive support three times a day. He [their family member] gets support with personal care, hoisting. They will do the shopping if I ask. That's not in his care plan."

The registered manager told us that they introduced the carer to them and tended to use the same carer for

each call. They told us that when staff were off they would ensure the person was made aware of this. This was confirmed with people with spoke with.

Requires Improvement

Is the service responsive?

Our findings

Care plans were not always personalised and did not always have detailed guidance for staff specific to each person needs. In one person's hospital notes it stated that the person was diabetic. There was no reference to this in the person's care plan. The registered manager told us that they were aware that the person no longer required medicines for this as they had spoken to their GP. However they were not sure if the person still had diabetes. There was no record of this GP discussion in the person's care plan. There was no guidance around the signs staff should look out for should they become unwell. Another care plan stated that the person required support in all aspects of personal care but no detail was provided around how this should be done. The care plan stated that, 'On bad days (the person) might have problems with lifting their arm.' No guidance was recorded around what staff needed to do if this was the case.

There were records in another person's care plan that related to their previous home care provider. They stated that the person had a particular degenerative muscle disease. There was no reference to this in the person's care planning. The registered manager told us that the person's relative had mentioned this condition but they did not know what this was. No action had been taken to identify the condition and care planning around how the person needed to be supported with this. The registered manager told us that they wanted to recruit a member of staff to help assist with writing care plans as this was not something they felt competent in. They said, "Everyone [staff] know the clients and their needs." However consideration had not been given to when new staff or staff that were covering for absence needed to provide care to people.

There was a risk that people's needs were not going to be met. An assessment of people's needs was not always undertaken before they were accepted by the service. The registered manager told us that when they received the email from the Local Authority about a possible new client they were not always provided detail of the person's needs. We asked how they knew they were able to provide care before they agreed to provide the service. They told us that they did not know for sure until the first call was completed. The service policy states that assessment of people's needs would always be undertaken before they agreed to provide care. This was not always taking place.

As care and treatment was not always being planned around people's specific needs this is a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were some care plans that had some detail around how people wanted their routine of care. One care plan detailed the person's morning, afternoon and evening routine. Other care plans advised staff what the person was able to do for themselves and what staff needed to assist with.

People and their relatives did tell us that staff provided the care that was needed. Comments included, "[The staff member] does [the family members] exercises in the afternoon. He has benefited. She's given him life"; "She [the member of staff] assists me with dressing and creaming my legs."

The registered manager told us that they would ensure that all staff were contacted and informed of any changes to people's care. They told us that staff were informed of changes either by phone, in person when

they came to the office or by email. Staff confirmed that this took place.

There was a complaints policy in place. Each person was provided with an information pack that included the complaints procedure. People and relatives said that they would not hesitate in making a complaint if needed. Comments included, "If there is a problem I contact [the registered manager]. She's very approachable. I have never complained. It's written in the care plan how to", "I have never had to complain. I would speak to [the registered manager] first. She's very, very approachable. Actually there have been one or two carers [the family member] hasn't got on with. She stopped them coming immediately. She found someone else. This was so long ago. It was only a personality issue", "I have nothing but praise. If I have a problem I ring the boss", "I would complain to CQC if I needed to." There had been no complaints recorded.

Requires Improvement

Is the service well-led?

Our findings

There were not always robust systems in place to monitor the delivery of care. The provider had not put systems in place to ensure that they knew staff were attending calls and staying for the duration of the call. The registered manager told us that they relied upon people or their relatives to call when a member of staff had not turned up. However there had been an occasion where, due an emergency, a member of staff had not attended a call to provide lunch for a person. Although the person came to no harm the registered manager was not aware of this until the following day. We asked the registered manager how they ensured staff stayed for the duration of the call. They told us, "I am quite laid back on that. As long as everything is done and they finish five to ten minutes early I would be happy for them to leave early." There was no consideration that the person was paying for the contracted time and how long the member of staff was actually providing care.

Quality assurance checks were not always robust. People's care notes and medicine records were regularly archived at the office however audits of these records were not undertaken effectively. We reviewed the notes of care for people and found that some were difficult to read due to the member of staff's difficulty in writing English. We asked the registered manager whether they ensured staff were able to speak and write in English competently. They said, "They all speak enough English. I would argue that they are good in written English." One member of staff told us that they had difficulty undertaking additional training. They said, "I have started my NVQ 3. It's hard because I have to translate everything." The registered manager had not recorded that they had reviewed the quality of the care records and said, "I have to teach them notes writing. I expect them to write the minimum of what's happened." The care notes that we reviewed were often task based and did not provide detail around the care provided. This meant that staff may not have up to date information of the care that people were provided. The service policy stated, 'Record keeping is an important part of care provision.' However insufficient importance had been placed on this.

Confidential information about people was not always kept securely. The service policy stated the people's information needed to be kept in a safe environment. However the registered manager told us that at times staff were emailed, to their own personal email accounts, personal and confidential information about people including care needs and people's addresses. The registered manager accepted that this was not appropriate. The registered manager told us that all staff were required to read the service policies however we found on this inspection that staff and the registered manager were not always working towards these policies. This included how medicines were being recorded, how risks to care were not always being assessed, the lack of assessment of people's needs, training and recruitment. There was a risk that the appropriate care was not being provided.

We saw that spot checks took place for staff that had worked at the service for some time but for newer staff this was not always taking place. There was an inconsistent approach to when spot checks were undertaken. The service was first registered in January 2016. Since this time people and relatives had not been asked to complete surveys to establish their views to see if any improvements could be made. The registered manager told us that this had not been considered. We did see that at times people were contacted by phone or spoken with in their home by the registered manager and asked about the quality of

the service they received. People confirmed that this took place.

The inspection had identified of number of issues that had not been identified due to the lack of quality assurance undertaken by the provider.

As systems and processes were not established and operated effectively and records were not always accurate or kept securely this is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. Prior to this inspection we were notified by the Local Authority of two safeguarding incidents that occurred at the service. These at the time had not been notified to us by the registered manager. The registered manager told us that they did not know that this needed to be done. However the service policy states the CQC needs to be notified of 'Allegation of abuse, neglect or harm.' Whilst on the inspection the registered manager advised us that there had been an incident where a person had not received their lunch or tea time call and again this had not been notified to the CQC.

As notification were not always been sent in to the CQC this is a breach of regulation 18 of the (Registration) Regulations 2009.

People and relatives were satisfied with the way the service was being managed. Comments included, "She [the registered manager] is very, very efficient. She makes [the family member] laugh. She takes full control of the situation", "She (the registered manager) knows her clients and their requirements" and "[The registered manager] is good." Staff were also complimentary about the manager. One member of staff said, "I ring [the registered manager] if I need help. I definitely get enough support. Physically and mentally absolutely. I can go to her with any problem."

Staff did have the opportunity to meet with their manager at team meetings. One member of staff said, "We have staff meetings. We discuss people and how to work with them." Another member of staff said, "We have staff meetings. They are regular. Once a month." We saw the minutes of the staff meetings that discussed people's changing needs, communication and staff rotas.

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 had not ensured that notifications were always been sent in to the CQC.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider had not ensured that care and treatment was always being planned around people's specific needs.

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider had not ensured that care and treatment was always provided with the appropriate consent.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not ensured that care and treatment was provided in a safe way.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not ensured that systems and

processes were established and operated effectively and records were not always accurate or kept securely.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had not ensured that staff were always receiving the appropriate training and supervision to undertake their role and staff were always competent and skilled.