

Penwith Care Ltd

Penwith Care

Inspection report

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Date of inspection visit:
16 April 2018
17 April 2018

Date of publication:
25 May 2018

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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We inspected on 16 April and 17 April 2018. The inspection was unannounced. At the last inspection, in January 2017, the service was rated Good. At this inspection we have rated the service as 'Requires Improvement.' This was because we had concerns about staff recruitment, staff induction and training, and quality assurance systems.

Penwith Care provides people with personal care in their own homes. At the time of the inspection the service provided support for approximately 40 people. The service provided support for people in the Newlyn, Penzance, Hayle, Carbis Bay and St Ives area. The service works with mostly elderly people.

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.

The service had satisfactory safeguarding policies and procedures. Staff were trained to recognise abuse, and what to do if they suspected abuse was occurring. Suitable risk assessment procedures were in place, and risk assessments were regularly reviewed.

Recruitment checks for new staff were not satisfactory. We were concerned about checks completed by the registered persons such as Disclosure and Barring Service checks and reference checks. We were also concerned, due to the lack of records kept, about whether staff induction was thorough. Staff also were not provided with any first aid training. Records of staff supervision were also sometimes limited.

Medicines procedures were satisfactory, and we were told the support people received in this area was good. Staff were trained in procedures to minimise the risk of infection. People and their relatives said staff were always clean and well dressed. Staff said they were provided with disposable gloves and aprons.

There were satisfactory procedures to assess people to check they were suitable to receive support from the service. Subsequently staff developed comprehensive care plans for people and these were regularly reviewed.

Where people received support to prepare meals, and monitor food eaten and fluid intake, procedures were satisfactory.

Where people lacked capacity to make decisions for themselves, suitable systems were in place to meet legal requirements and ensure people's rights were protected.

We received positive support about staff attitudes. Comments included; "It is fantastic, amazing, I am full of praise," "They are totally wonderful," "Lots of banter but at the same time gentle and sympathetic," and "I

am happy with everything." Staff worked with people to maximise people's independence.

The service had a complaints procedure. People said they would approach staff or management if they had a concern.

The registered manager was viewed positively by the people who used the service, staff and professionals who we contacted.

The staff team said they worked well together. People and their relatives viewed staff positively and staff were viewed as caring.

Quality assurance processes were not sufficient to adequately pick up and address shortfalls in service provision.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014. You can see the action we have told the provider to take at the end of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe

Suitable systems were in place to protect people from abuse

Employment checks were not satisfactory so people could not be assured that staff members were always suitable to work with vulnerable people.

There were suitable procedures to ensure people received their medicines safely and on time.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Records did not demonstrate staff induction processes were satisfactory. We were concerned staff training processes were not robust. Staff did not receive first aid training which may compromise safety in an emergency.

People were happy with the food and received suitable support with eating and drinking where this was necessary.

Where people lacked capacity to make decisions for themselves, suitable systems were in place to meet legal requirements and ensure people's rights were protected

Requires Improvement ●

Is the service caring?

The service was caring.

People said staff were caring, kind and respectful.

People were involved in making decisions for themselves.

Good ●

Is the service responsive?

The service was responsive.

Each person had a care plan and these were regularly reviewed.

Good ●

Staff provided people with support at a time they wanted. Staff arrived on time, stayed the correct amount of time, and did not miss visits. Staff did not appear to be rushed.

There was a complaints procedure. People said they would approach staff or management if they had a concern.

Is the service well-led?

The service was not always well led

Management were viewed positively by people who used the service, their relatives and staff who worked for the service.

Staff worked well as a team, communication was good and staff appeared happy working for the provider.

Quality assurance processes were not sufficient to adequately pick up and address shortfalls in service provision.

Requires Improvement 

Penwith Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 16 and 17 April 2018 and was unannounced. The inspection team consisted of a lead inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience telephoned a sample of people and their relatives to check people were happy with their care.

Before the inspection we reviewed information we kept about the service and previous inspection reports. This included notifications of incidents. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern.

During the inspection we used a range of methods to help us make our judgements. This included talking to people using the service, contacting staff by email, pathway tracking (reading people's care plans, and other records kept about them), and reviewed other records about how the service was managed.

We looked at a range of records including five care plans, eight personnel files, and other records about the management of the service.

Before, during and after the inspection we communicated with 19 people who used the service and six people's relatives. We also received emails from seven members of staff, the quality assurance manager and the administrator.

Is the service safe?

Our findings

The service had a satisfactory safeguarding adult's policy. All of the staff had received training in safeguarding adults. The manager said safeguarding processes were discussed with staff at team meetings and in supervision sessions. We were told staff understood how to safeguard people against abuse, and any allegations staff reported would be fully investigated and satisfactory action taken to ensure people were safe. Where necessary the registered provider had submitted safeguarding referrals to the local authority where they felt there was a risk of abuse.

Risk assessments were in place for each person. For example, to prevent poor nutrition, and hydration and falls. Risk assessments were reviewed monthly and updated as necessary. The staff team also took appropriate and calculated risks to support people to live more independently and learn new skills.

In order to minimise the risks of loneworking, we were told ways to minimise any risks were discussed with new staff when they started working for the provider. We were told staff were provided with torches, telephones and personal alarms. Managers could also check people had arrived and left people's homes through seeing the electronic care monitoring system which was in place.

The manager said the majority of people had capacity, but the service minimised restrictions where possible. The manager said where people had limited, or lacked capacity, staff supported them to maximise choice and independence.

All records were stored electronically. Staff could access people's records by a mobile device. Paper copies of records were also stored in people's homes. Records we inspected were up to date, and were accurate and complete.

The service had a whistleblowing policy so if staff had concerns they could report these without feeling they would be subject to subsequent unreasonable action for making valid criticisms of the service.

Any behaviours which the service found challenging was recorded in individuals' care plans. Staff recorded all incidents that occur and these are reviewed by senior staff. This helped staff to understand the behaviour, and where possible minimise it happening. Most staff had received training in how to respond to behaviours which may be seen as challenging.

People who used the service, their relatives, and staff thought there were enough staff. Some people needed the support of two members of staff with their personal care for example with moving and handling. In these cases, people said the correct numbers of staff were always provided. Women said they always received personal care from female carers. Male carers primarily worked with male clients. People said they were always supported by the same group of staff members, and when new staff started to work with people, they were always introduced to them. We were told the majority of visits were for between half an hour and one hour. The service did not provide any fifteen minute visits. The service provided shopping and domestic services for people but these are not regulated by the Care Quality Commission. On a weekly basis, people

received a schedule of who was going to provide their care so people knew who was coming to support them.

We had some concerns about the service's staff recruitment procedure in order to check staff employed had satisfactory skills and knowledge needed to care for people. Some of the staff employed came from other countries, primarily within the European Union. When the person came from their home country directly to work for the provider, we were told the registered provider only obtained a Disclosure and Barring Service (DBS) check after the person had worked at the service for three months. These staff did have a police check from their home country. According to records we inspected, two staff had not received a DBS check. Some of the other staff had a copy of an application form for a DBS check with a handwritten number on the form which appeared to be a DBS check number. However there was no confirmation or date when a DBS check had been completed, and no record whether individual staff members did not have a criminal record, or concern reported to the police.

According to records inspected two written references were not always obtained for staff members. Two new staff members had no written references on file although we were told these were being chased up. Sometimes only a verbal reference was obtained, and a record kept for example of a telephone call made to a referee. Staff members had a copy of an application form on file. However, one person's application form contained no work history so it was not possible to check whether the person had a satisfactory employment history.

This is a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2010.

The registered provider has a suitable policy regarding the operation of the medicines system based on current guidance such as issued by the Royal Pharmaceutical Society and NICE. Depending on the care package staff either administered people's medicines or reminded them to take their medicines. Staff had received suitable training about handling medicines. People were responsible for ordering and storing their own medicines. Medicines were usually stored in pre-packed blister packs.

The registered persons understand their responsibilities to raise concerns, record safety incidents, concerns and near misses, and report these internally and externally as necessary. Staff told us if they had concerns management would listen and take suitable action. The manager said if she had concerns about people's welfare she liaised with external professionals as necessary, and had submitted safeguarding referrals when she felt it was appropriate.

Is the service effective?

Our findings

The service had suitable processes to holistically assess people's needs and choices. Before providing a service, an assessment was provided by the local authority or the health care trust. The manager told us once a care package had been commissioned, one of the managers would visit the person, and check the initial assessment was correct. Copies of assessments were kept on people's files. Assessments assisted staff to develop a care plan for the person so care was delivered in line with current legislation, standards and guidance.

Nobody we spoke with (for example people who used the service and staff) said they felt they had been subject to any discriminatory practice for example on the grounds of their gender, race, sexuality, disability or age. The registered persons' had an anti-discrimination policy, but this currently only covered staff. The manager said this would be reviewed so it covered people who used the service.

We had some concerns about whether staff always had appropriate skills, knowledge and experience to deliver effective care and support. The manager said when staff started working at the service they received a full induction. This included completing on line training, and shadowing more experienced staff. New staff were also required to complete the Care Certificate. This is an identified set of national standards that health and social care workers should follow when starting work in care.

Records of staff induction were limited. It was difficult to ascertain, from records we were provided with, which staff had completed the Care Certificate although it was eventually possible to confirm relevant staff had completed this. There were no other records of staff induction for example what discussions took place between new staff and a manager, and what instructions and learning occurred during shadow shifts. One member of staff said, "I do feel more training is necessary in the probation stage...New staff need to be aware of the clients and their needs...the clients need to know who is coming (to work with them.) The work is not for everyone and a longer period of introduction may be of benefit to all parties."

We checked to see if staff received training required by health and safety law such as moving and handling, fire safety, infection control, first aid and food hygiene. Care staff should also receive training in safeguarding, mental capacity and managing medicines. Records showed staff had received most of this training, although of the eight files inspected, only two staff had a record they had received first aid training. This was a concern as we were not provided with any evidence staff were provided with the skills and knowledge to provide basic first aid if there was an emergency. Records also showed staff completed all their training in two or three blocks. This was a concern as four or five diverse subjects were covered on each day, and we were concerned whether this was an effective way of receiving training about complex and important subject matter, particularly for people who may be new to the care sector.

Staff told us they felt supported in their roles by colleagues and senior staff. There were some records of individual formal supervision with a manager. Supervision is a process where members of staff sit down with a supervisor to discuss their performance, any goals for the future, and training and development needs. However, records showed that staff members were not having regular one to one supervision meetings. For

example, one staff member last had a record of supervision in September 2017. There was a lack of up to date supervision records for other staff. Although, some clarification of more recent dates was provided by the registered provider, after the inspection, we were not provided with records to evidence the majority of these supervision sessions. However, the staff we spoke with said they could approach senior staff for help and support if they had a problem. For example, we were told, "I can go and see them if I need support."

This is a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2010.

Some people received support preparing food and also with eating. The people we spoke with said food prepared was always well prepared and hot. Some people needed assistance with eating their meals. For example, if people were at risk of choking. Where necessary people had eating and drinking assessments in their files. Where a person was at risk of for example malnutrition, dehydration or choking suitable approaches were in place to minimise risks. For example, where necessary, detailed records were kept of what people ate or drank. Where necessary meals were pureed or mashed. Where appropriate people had one to one support to eat their meals.

The manager said the service had established links with external professionals. The service worked closely with a wide range of professionals such as speech and language therapists, community psychiatric nurses, dentists, chiropractors social workers, opticians and general practitioners to ensure people lived comfortably at the service, and received suitable healthcare support. The manager said relationships with local GP surgeries was satisfactory. The manager said where appropriate referrals were made for additional support from these professionals and others such as occupational therapists, and speech and language therapists. The manager said they felt referrals to external professionals were actioned in a timely manner, and there were no significant delays in people subsequently receiving support.

The management understood the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for them had their legal rights protected. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

The registered persons said that all the people who they supported currently had capacity. Where necessary 'Best Interest' meetings had been held to discuss any key decisions, about the person's care, with them, any family and relevant professionals. Care records showed the service recorded whether people had the capacity to make decisions about their care. Staff received training about the Mental Capacity Act during their initial induction, and received some documentation about the principles of the Mental Capacity Act. The manager said staff had received training about the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Records showed staff had received this training.

Is the service caring?

Our findings

We received only positive comments about the attitudes of staff. For example staff were described as, "Excellent," "Very helpful," "Can't do enough," and "Fantastic." Other comments included, "Amazing, they go the extra mile," "All pleasant, very nice," "Polite" and "Respectful."

The staff we spoke with all said they thought the care standards of the provider were good and all the people who used the service were very well cared for. Staff also said they had confidence in their colleagues practice, for example, "I cannot fault them in anyway," and "Care workers always do their best to fulfil any needs."

Care plans contained information about people's preferences, personal histories and backgrounds. This assisted staff to know the people they were caring for and supporting. We were told when care plans are drawn up managers will meet with the person, or their relative, and discuss with them their needs so information within the care plan is accurate. Everybody we spoke with said they had a copy of a care plan in their home, and they could look at this at any time. People signed the care plans once these had been written. People said staff always completed records at the end of the visit. Staff said the electronic care planning system provided them with all the information they required and also enabled them to feed back to management if they had any issues or concerns about people's wellbeing. For example we were told, ""The mobile app we use allows us to update any concerns or issues immediately to the supervisor or the office."

People were encouraged to make decisions about their care, for example what they wished to wear, what they wanted to eat and how they wanted to spend their time. People told us that staff always asked people how they wanted their care given. Staff also would ask permission for example if they needed to do a specific task or get something out of a cupboard and so on. People said they had never had any items or money go missing and felt staff were honest for example we were told, "I trust them (the staff) implicitly."

People said when staff visited their homes, they always asked if the person wanted anything else completed before they left. We were told staff always ensured people had things (for example glasses, remote controls, walking sticks), left near at hand when the staff left. One person said, "They are totally wonderful, they always ask if there is anything else I can do." People said staff did not appear to be rushed.

Staff we spoke with said they had enough time to work with people. People told us they did not think staff were rushed. We were told people's privacy and dignity was respected.

Is the service responsive?

Our findings

Everyone who used the service had a care plan. A copy of people's care plans were kept in their homes. Where possible people, and their representatives, were consulted about people's care plans and their review. Care plans were detailed and included information about people's physical and mental health care needs and information about their lives before living at the service. Care plans also included risk assessments for example in relation to people's mobility, and any risks in relation to eating and drinking. Care plans outlined people's preferences, interests and aspirations. All staff were able to access people's care plans either electronically by an electronic 'app' or on a computer.

Where people did not have representatives to help them read documentation staff were happy to assist them by reading it to them.

We were told, by managers and the people we met, staff were seldom late for care appointments, always stayed the correct amount of time for visits, and care appointments were not missed. We were told, "If they are going to be late, they will always let you know." People said the appointments they had were always at times which were suitable for them. A staff member also told us, "With the recent bad weather (snow and ice), no client went without their care, they were kept informed of our progress at all times."

Most care staff also said that visit schedules were worked out in a logical manner so they did not need to "zig zag all over the place," geographically backwards and forwards. We were told staff received paid travel time and time allocated between appointments. However we were told, by several respondents, that more travel time should be allowed as only five minutes was allowed between visits. We were told at times it took longer to get between people's home. A particular problem highlighted was the time it took to travel between Hayle and Carbis Bay as particularly in summer time this took a lot longer than the limited time currently allocated.

The service had a complaints procedure. The people, who we spoke with, said if they had any concerns or complaints, they felt they could discuss these with staff and managers. They felt any concerns and complaints would be responded to appropriately. We were told, "If I had a complaint I would be straight on the phone." The service had a record of any complaints made, and a record of how these had been responded to. The manager said there had not been any recent complaints. The people we spoke with did not think they would be subject to discrimination, harassment or disadvantage if they made a complaint. The manager said when a complaint was made, the management team assessed the complaint and its findings and used the experience as an opportunity to learn from what had occurred for example through improving communication, better recording, managers checking that care procedures were carried out and regularly reviewed.

The service did not routinely provide end of life care. If somebody, who had lived at the service did need end of life care, the service had a suitable care planning system to ensure people received suitable support. We were also told staff would consult with district nurses and GP's to ensure people received suitable medical care during this period of their lives. One person was receiving palliative care from the agency, and their

relative said, "They are treating (my relative) with dignity. They are really good."

Is the service well-led?

Our findings

The registered manager was also the owner of the service. People said the registered manager was supportive and approachable. She was described as, "Very nice, very helpful." Staff were positive about the registered manager and also working for Penwith Care. For example we were told management were "Nice and friendly."

The service had a clear management structure. Three other managers were in post to assist the registered manager to manage the service. This included a quality assurance manager. The service had a 24 hour on call service which operated 7 days a week. People and staff said the on call service was also effective.

People were positive about how the service was well managed. For example we were told, "It is very well organised and managed." People said when they telephoned the office staff on the telephone were always supportive and helpful. The office staff were described as, "Brilliant," and "Very good."

Staff we spoke with said they worked well as a team. Staff said they communicated well. Staff members told us, "Our team is very supportive and friendly, we can always ask for advice and be listened to if we have any concerns. We always support each other." We were also told, "I thoroughly enjoy working for Penwith Care. The staff are friendly and the management team are helpful." Staff said they were provided with their work schedule in good time, and any changes were communicated appropriately. Staff also said, "If there are any issues regarding the rota, within reason, they are rectified." Staff appeared to have a good understanding of their responsibilities. Staff said they were given a 'Staff Handbook,' when they started working at the agency. This contained key employment policies about issues such as grievance, sickness and disciplinary procedures. There were records that there were some staff meetings. However the last recorded meeting we were shown was in June 2017.

The staff we contacted were all positive about working for the provider. We were told, "It is a wonderful company to work for," and "Management are very supportive as they have done the work themselves, and will work with you to achieve the best possible outcome for the service users."

The manager said both paper and electronic data was stored securely, and there were systems in place to ensure data security breaches were minimised.

The registered provider had a quality assurance policy. The service's approach to quality assurance included a system of audits to ensure quality in all areas of the service was checked, maintained, and where necessary improved. Audits regularly completed included checking care practice; monitoring care plans were to a good standard and regularly reviewed; monitoring accidents and incidents. A survey was also completed to check people were happy with the service they received. All the people we spoke with said they would recommend the service to other people.

However, we were concerned that the registered persons' approach to ensuring service quality, monitoring the service was working effectively and bringing about improvement was not effective. This was because it

did not pick up or address the issues where we have raised concerns about in this report. This includes concerns about staff recruitment processes, and staff training.

This is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2010.

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 17 HSCA RA Regulations 2014 Good governance Quality assurance policies and procedures were not satisfactory
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Staff recruitment checks were not satisfactory.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff induction, training and supervision arrangements were not satisfactory