

Pompeii Limited

# Knowsley and Liverpool East Office

## Inspection report






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### Ratings

Overall rating for this service	Requires Improvement 
Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Requires Improvement</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

Knowsley and Liverpool East Office is a domiciliary care agency that supports people to remain independent in the comfort of their own home. The services are designed around the people they support and people have the freedom to choose who provides their care, and when they want it. Care is planned around people's personal needs.

The inspection of this service took place across two dates; 4 and 5 November 2016, this was the first time the service had been inspected under the comprehensive methodology. The service was given 24 hours' notice prior to the inspection so that we could be sure someone would be available to provide us with the information we required.

The registered manager of the service was present throughout our inspection. 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.

We found that not all assessed risks had a completed risk assessment as per the agencies own procedure. In addition, there was not always information on how to mitigate risks and there was missing information to help guide staff if said risk occurred. This resulted in a breach of Regulation 12 safe care and treatment.

We looked at people's care plans and found gaps in information regarding people's medicine regimes. We saw no support plans to guide staff when giving medicines, which could have put people at risk of medication mismanagement. This resulted in a breach of Regulation 12 safe care and treatment.

We looked at recruitment processes and found the service had recruitment policies and procedures in place to ensure safety in the recruitment of staff. Prospective employees were asked to undertake checks prior to employment to ensure they were not a risk to vulnerable people.

We spoke with four staff members who told us they were given enough time with people, were given time for travelling and that visits to people did not overlap. People we spoke to told us that staff stayed for the allocated time.

The service had a whistleblowing procedure. We spoke with staff who told us they were aware of the procedure. They said they would not hesitate to use this if they had any concerns about their colleagues' care practice or conduct.

People told us the service was reliable. People also told us that they saw the same staff unless there was a specific reason for not doing so, such as annual leave or sickness.

Staff told us they knew how to report safeguarding concerns and felt confident in doing so. When we spoke with staff we were reassured by their level of understanding regarding abuse. Staff were confident in reporting concerns to.

We looked at how the service gained people's consent to care and treatment in line with the Mental Capacity Act 2005 (MCA). We found that the principles of the MCA were not embedded in practice. We found that people's capacity to consent to care had not been assessed and information was at times conflicting. The service does provide a service to people who may have an impairment of the mind or brain, such as Alzheimer's. This amounted to a breach of Regulation 11 'Need for Consent'

We found that the service promoted staff development and had a rolling programme to ensure that staff received training appropriate to their role and responsibilities. Staff told us they felt well supported by management and we saw evidence that regular supervisions were being held. Supervision notes confirmed that people had the opportunity to discuss their work performance, achievements, strengths, weaknesses and training needs.

We received consistent positive feedback about the staff and about the care that people received. Everyone that we spoke with, without exception told us they were treated with kindness by the care staff that supported them and that positive relationships had been developed.

We looked at the care files of four people who used the service. Care records showed how the service was responsive to people's needs; care plans and assessments had been updated in a timely manner and reflected people's preferences, opinions and wishes. We found a person centred approach to care planning.

We found all the staff members we spoke with reported a positive staff culture, and staff told us that they felt supported by management.

Systems were in place to demonstrate that regular checks and quality control audits had been undertaken. The registered manager provided us with evidence of some of the checks that had been carried out on a daily, weekly and monthly basis. However, some of the quality control checks were not as robust as they could have been and we have made a recommendation around this.

The conversations we held with people who use the service, relatives, staff and one professional gave a consistent positive impression of the manner and professionalism of the managers within the service. People told us they found the management team approachable and supportive and confirmed there was always a member of the management team available to contact.

We found the management team receptive to feedback and keen to improve the service. They worked with us in a positive manner and provided all the information we requested.

## 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.

We found that not all assessed risks had a completed risk assessment as per the agencies own policy and procedures.

People told us they felt safe when staff visited them to provide their care because they had regular staff who they recognised.

Staff were asked to undertake checks prior to their employment with the service to ensure that they were not a risk to vulnerable people.

Staff were aware of the providers safeguarding policy and how to report any potential allegations of abuse or concerns raised.

There were sufficient staff to meet people's needs safely. The provider ensured they had enough staff before they took on a new care package.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

People's rights were not protected, in accordance with the Mental Capacity Act 2005.

Staff were skilled and received comprehensive training to ensure they could meet the majority of people's needs.

There was evidence of staff supervisions, appraisals and observations of staff competence on the staff files we reviewed.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Staff knew people well and responded to their needs appropriately.

People and their relatives were very pleased with the staff who supported them and the care they received.

**Good** ●

People told us staff respected their privacy and dignity in a caring and compassionate way

### **Is the service responsive?**

The service was responsive to people's needs.

People told us they were happy that they received personalised care and support.

Assessments were completed prior to agreement of services and they showed a good standard of person centred detail.

Care plans were completed and reviewed in accordance with the persons changing needs.

**Good** ●

### **Is the service well-led?**

The service was not always well led.

A range of quality audits and risk assessments had been conducted by the registered manager but they were not always effective due to the information not being reviewed collectively.

Staff enjoyed their work and told us the management were always available for guidance and support demonstrating there was a positive culture.

Staff worked with healthcare and social care professionals to make sure people received appropriate support to meet their needs.

**Requires Improvement** ●

# Knowsley and Liverpool East Office

## **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.

The inspection of this service took place across two dates; 4 and 5 November 2016. The service was given 24 hours' notice prior to the inspection so that we could be sure someone would be available to provide us with the information we required. The service was inspected by one adult social care inspector.

There was a registered manager in post and an acting care manager who is currently undergoing the registration process to become the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Before the inspection, the provider 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 looked at all the information we held about this service. We reviewed notifications of incidents that the provider had sent us. We requested feedback from social work professionals and their feedback is included in this report.

At the time of our inspection of this location, 24 people used the service. We spoke with a range of people about the service; this included four people who used the service and five relatives. We also spoke with four care staff, the acting manager, the provider and the registered manager of the service.

We looked at a wide range of records. These included; six peoples care records, six staff personnel records,

policies and procedures, training records, medicines records and quality monitoring systems.

# Is the service safe?

## Our findings

People we spoke with said: "[Name removed] is definitely safe in their care, I am over the moon"; "I'm happy and feel very safe". And: "I feel safe and can't speak highly enough of the service".

We looked at assessments undertaken for six people before the service agreed to provide their domiciliary care package and found that safety checks were undertaken before staff were sent to the client's home. These covered areas, such as the risk of falls, in relation to steps, paths, flags and lighting.

Further risk assessments were completed on an individual basis and covered social outings and behaviour management. We found that not all assessed risks had a completed risk assessment as per the service's own policy. In addition, there was not always information on how to mitigate risks and there was missing information to help guide staff if the said risk occurred. For example, one person was at risk of malnutrition but there was no information about how to support this person to eat and nothing to say what staff are to do if the person was not eating. We did, however, speak to the carer for this person who was able to describe to us the support they provide and were aware of whom to contact if further support was required.

Another example we found was around someone who was at risk of choking. There was a risk assessment in place and directions for staff to follow to prevent the risk. However, there was no information about what staff should do if the risk occurred.

We looked at six people's care plans and found gaps in information regarding people's medicine regimes. We saw no support plans to guide staff when giving medicines, which could have put people at risk of medication mismanagement.

We also found omissions that had been highlighted on Medicine Administration Records (MARs) for one person who was prescribed thick and easy, however, we could not see what action was taken from this.

The risk management and medicines management issues identified amounted to a breach of Regulation 12 safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at training records and found that all staff had received medication training and updates, as stipulated in the providers' medicine policy and procedure.

Staff files included staff competency assessments for the administration of medicines. Staff we spoke to all informed us that they were trained in medicines and felt confident to support people with them.

There was no central record being used for accident and incidents. However, the management were able to locate the information for each individual on the computer programme that they use to store information. The management were not aware if the information could be pulled together in order to monitor this for trends and patterns to highlight any areas for improvement.

We recommend that the service have a central log of all incidents and accidents to have a more robust oversight.

We reviewed recruitment records of six staff members and found that robust recruitment procedures had been followed. Prospective employees were asked to undertake checks prior to employment to help ensure they were not a risk to vulnerable people. The checks included three written references from previous employers and three character references, a check with the Disclosure and Barring Service (DBS), formerly the Criminal Records Bureau (CRB) and application forms from staff.

The registered manager told us that recruiting staff with the right values helped ensure people received a good service. One person who used the service told us: "They certainly know how to pick the right staff for the job".

The service employed enough staff to carry out people's visits and keep them safe. The registered manager told us they would not take on people's care if they did not have enough staff available to cover all visits and provide emergency cover. Staff told us they had enough time at each visit to ensure they delivered care safely.

People told us the service was reliable. People also told us that they saw the same staff unless there was a specific reason for not doing so, such as annual leave or sickness. One person told us: "I've had the same girls coming to see me for over 12 months". Another said: "The girls are always on time and I have the same faces so I know who coming".

We spoke with four staff members who told us they were given enough time with people, were given time for travelling and that visits to people did not overlap. People we spoke to told us that staff stayed for the allocated time.

We looked at how people were protected from bullying, harassment, avoidable harm and abuse. We found that the service followed safeguarding reporting systems as outlined in its policies and procedures.

We spoke with four staff members who told us they knew how to report safeguarding concerns and felt confident in doing so. The service had a whistleblowing procedure. We spoke with staff who told us they were aware of the procedure. They said they would not hesitate to use this if they had any concerns about their colleagues' care practice or conduct. We felt reassured by the level of staff understanding regarding abuse and their confidence in reporting concerns.

We looked at how the service minimised the risk of infections. We found staff had undertaken training in infection control. People and staff confirmed that staff wore gloves and aprons when providing personal care.

## Is the service effective?

### Our findings

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We looked at how the service gained people's consent to care and treatment in line with the MCA. We found that the principles of the MCA were not consistently embedded in practice. The service does provide a service to people who may have an impairment of the mind or brain, such as Alzheimer's. We found that people's capacity to consent to care had not been assessed and information was at times conflicting. For example, in three people's care files their relatives had signed for the consent to the service where the person's mental capacity had not been considered.

We discussed this with the manager and registered manager and they were unaware that relatives should not sign consent. The MCA stipulates that if a person lacks capacity to consent to a decision then a best interest process needs to be undertaken.

This failure to follow the code of practice amounted to a breach of Regulation 11 need for consent of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw the service had a detailed induction programme in place for all new staff and that staff were required to complete the induction prior to working unsupervised. This programme covered important health and safety areas, such as moving and handling. In addition there were courses on working in a person centred way and safeguarding. The manager told us that they use interactive learning within the induction. Special gloves and goggles are used to simulate sensory impairments, such as arthritis and loss of sight, that staff may come across in their roles.

Staff told us: "The induction was brilliant and really enjoyable". And: "The induction was really informative and I enjoyed it".

We found that the service promoted staff development and had a rolling programme to ensure that staff received training appropriate to their role and responsibilities. The service offered advanced training in Alzheimer's for caregivers and their families. They held family workshops to help the families to understand the issues better.

We asked staff if they received training to help them understand their role and responsibilities. One staff member told us: "Training is brilliant it is always on offer and we are supported to do it".

Staff told us they felt well supported by management and we saw evidence that regular supervisions were being held. Supervision notes confirmed that people had the opportunity to discuss their work performance,

achievements, strengths, weaknesses and training needs.

We found examples across the care records we looked at of people being referred for external health and social care support and professional advice being followed. The service maintained good working relationships with health professionals and sought guidance when needed.

We saw evidence in care files that the service was making the required referrals and seeking support on how best to meet people's needs. We found evidence of the service engaging with other agencies to facilitate joint working. Visits with other professionals were recorded in the care files. These arrangements helped to ensure that people consistently received the care they needed.

People had a choice of what they wanted to eat and staff were aware of people's needs in this area. Care files included people's likes and dislikes about eating. For example, we saw in one care file that someone liked their sandwiches cut into 8 slices and the daily notes reflected that this was happening.

# Is the service caring?

## Our findings

People told us: "The staff are wonderful, I can't speak highly enough of them: "The staff are all very caring": "I couldn't wish for better": "The girls are excellent". And: "Nothing is too much trouble for them".

One relative told us: "It is like I have found heaven with the staff, it's like they are from a different planet, they are fantastic". Another said: "They go above and beyond what they are employed to provide".

One professional told us: "During home visits I have observed the domiciliary care staff in their delivery of direct support to individuals, and they have demonstrated their confidence and skilful approach, sensitivity and respect for the individuals involved and in particular with services users who are experiencing difficulties in relation to their mental wellbeing and also those who are receiving end of life care".

We received consistent positive feedback about the staff and about the care that people received. Everyone we spoke with who received care and support, told us they were treated with kindness by the care staff who supported them and that positive relationships had been developed.

The registered manager completes an assessment visit prior to any support offered. Staff are then matched to people who need support based on their skills, personalities, likes and dislikes. This is done to help facilitate a good working relationship and achieve the best outcomes for people who use the service.

We saw that people were involved in the care planning process and that this documentation was person centred. Care plans were reviewed regularly and every time there was any change in need.

We asked people if they felt they were involved in how their care was planned and we received positive responses from them. One person said: "I am involved in my care plan and I feel listened to". A relative told us: "I'm fully involved and feel that my input is valued."

This care plan approach helps to ensure that people are empowered to be fully involved in the care plan process, supporting people to manage their health condition better by taking them through a process of discussion. It resulted in shared decision-making and on going support to enable staff to work in a more inclusive way working with people who use the service towards their own goals.

People were supported by staff to access the community and minimise the risk of becoming socially isolated. One staff member told us how they made sure they were flexible with timings, so the person they supported could take part in their chosen activity. An example was seen in one person's care file where the person was being supported to get out into the community to meet new people.

Many of the people we spoke with told us that they benefit from regular staff who they knew well. People we spoke with said: "They notice even the small things as they know Mum so well". And: "They know me and we get on really well".

One relative told us: "The staff are quick to let the family know about any issues". The staff knew people they supported well enough to recognise the signs that something was not right and involve the family.

Another relative told us about a time when the staff went above and beyond for their relative. The person took a turn and had to go to hospital and the staff stayed behind at the home and cleaned it top to bottom so that their relative could return to a nice clean home environment.

People told us how they were given time during care visits to develop relationships with care staff. One person said: "They are more like friends than carers".

Staff understood how to respect people's privacy, dignity and rights, and received training in this area. Managers assessed how staff used these values within their work when observing their practice. Staff described how they would ensure people had their privacy protected when undertaking personal care tasks.

Relatives had sent thank you cards and compliments to the service. Comments included: 'Please thank your staff for the high quality, professional and caring service': 'Staff have been productive and often gone beyond what's expected'. And: "Staff have been patient, kind and reliable'.

Information about Knowsley and Liverpool East Office could be produced in a variety of different formats, if needed. For example, in large print, Braille or on CD for those with varying degrees of sight loss and in alternative languages for those whose first language was not English. This provided everyone with equal opportunities, by enabling them to have access to the same information, despite their nationality, age or disability.

The registered manager was knowledgeable about local advocacy services which could be contacted to support people or to raise concerns on their behalf. Advocates are people who are independent of the service and who can represent people or support individuals to express their views.

## Is the service responsive?

### Our findings

We asked people who lived at the service if staff were responsive to their needs. People we spoke with told us: "They know Mum really well, they notice if her needs change": "The management understand not only Mums needs but ours as a family". And: "The staff notice the little things like if Mums toe nails need tending to, or if the dentist is needed and they sort it all out.

We found there was a clear assessment process in place, which helped to ensure staff had a good understanding of people's needs before they started to support them. We noted, in the six care files we viewed, that the assessment process always involved a visit to the service user's home and included the views of other professionals involved in their care.

The manager advised us that staff were always introduced to service users, prior to any support being provided. People who use the service confirmed that this practice was taking place. This helped to ensure people received their care from staff they were familiar with. We were also advised that the service were very careful to maintain a good level of continuity in respect of staff visiting the people who use the service, and this information was supported by our discussions with people.

We looked at the care files of six people who used the service. All six care records demonstrated how the service was responsive to people's needs; care plans and assessments had been updated in a timely manner and reflected people's preferences and wishes. We found a person centred approach to care planning. Care plans detailed people's preferences and opinions. For example, we found that one person's routine listed the TV programmes they like to watch. Another person's care plan included details of their favourite food shop.

We viewed detailed daily care records for six people, which gave an overview of the care provided at each visit. One relative told us: "The staff are great at filling in the daily record books so we can see how X has been during the day". In addition, the records demonstrated that support was provided in line with the person's personal needs and wishes.

One person told us: "Staff always notice any changes with Mum they contacted me a while ago to say she had taken a turn and the staff were responsive calling an ambulance and informing me". Another told us: "The staff noticed that due to the weather changing Dad appeared cold they rang me straight away to change the heating".

People we spoke with during the inspection said the service had responded to their requests for support and they were satisfied with the service they received. One professional told us: "The service have always responded effectively and pro-actively to any queries or concerns that I may have had, addressing any issues in a prompt and satisfactory manner"

People were encouraged to raise any concerns or complaints that they had. One person told us: "I can call the office at any time". The service had a complaints procedure, which was displayed, throughout the home.

People and their relatives told us they would feel comfortable raising concerns if they were unhappy about any aspect of their care.

Everyone we spoke with said they felt confident that any complaint would be taken seriously and fully investigated. A system for recording and managing complaints and informal concerns was in place. We saw evidence of complaints and information was available to demonstrate how those complaints had been reviewed, investigated and responded to.

## Is the service well-led?

### Our findings

We found all the staff members we spoke with reported a positive staff culture, and staff told us that they felt supported by management. Staff told us: "I couldn't ask for a better management, they are fabulous, on the ball and approachable": "It's a perfect company to work with, it's like family". And: "The staff team are really lovely and supportive".

We asked the registered manager to tell us how they monitored and reviewed the service to make sure people received safe, effective and appropriate care. Systems were in place to demonstrate that regular checks had been undertaken looking at care files, daily records, spot checks and quality visits. The registered manager provided us with evidence of some of the checks that had been carried out on a daily, weekly and monthly basis.

However, some of the checks were not as robust as they could have been as was difficult to locate all the required information. For example, audits of MARs had been undertaken for each individual who the service supported with medicines. However, the information was not held collectively to allow it to be analysed for trend and patterns. In addition, it was not always clear what actions had arisen and if they had been completed, as no action plans were documented.

An example we found of this was the omissions that had been highlighted during the MAR audit for one person who was prescribed thick and easy, however, we could not see what action was taken from this. This could result in the checks being ineffective as the service grows and has more documents to audit.

We recommend that the manager has oversight of all audits to enable them to identify risks and shortfalls and drive improvement for all people who use the service.

The manager had undertaken unannounced spot checks to review the quality of the service provided. This included arriving at times when the care workers were there to observe the standard of care provided. The spot checks included reviewing the care records kept at the person's home to ensure they were appropriately completed, to check staff were arriving on time and that they had the appropriate equipment with them to safely complete the visit. We did not view any spot check documentation that highlighted any concerns.

We looked at policies and procedures relating to the running of the service such as, safeguarding, whistleblowing and medicines management. These were in place and reviewed annually. Staff had access to up to date information and guidance procedures were based on best practice and in line with current legislation. Staff were made aware of the policies at the time of their induction and had full access to them, both in the office and online.

The conversations we held with staff and people who use the service, gave a consistent positive impression of the manner and professionalism of the managers within the service. People told us they found the management team approachable and supportive and confirmed there was always a member of the

management team available to contact.

People had direct access to both the manager and deputy manager. We found the management were familiar with people who used the service and their needs. When we discussed people's needs, the manager showed good knowledge about the people in their care. For example, the manager was able to identify one person with very complex needs and the risks associated to this individual. This showed the manager took time to understand people as individuals and had good knowledge of them.

We found no negative comments about the care or service when speaking with people and when looking at quality assurance documents, such as the annual surveys. The surveys that had been completed all held positive comments about the changes and none documented any changes that were required.

There was effective communication between all staff members including the managers. Staff received daily communication, and we saw evidence of regular staff meetings that covered more strategic issues such as safeguarding, staffing issues and service updates.

Providers of health and social care services are required to inform the Care Quality Commission, (CQC), of important events that happen in their services. The registered manager of the home had informed CQC of significant events as required. This meant that we could check appropriate action had been taken.

We found the management team receptive to feedback and keen to improve the service. They worked with us in a positive manner and provided all the information we requested. We found them to be receptive to feedback and keen to improve the service.

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	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider did not have suitable arrangements in place to ensure that the treatment of service users was provided with the consent of the relevant person in accordance with the Mental Capacity Act 2005.</p> <p>Regulation 11(1) (2) (3)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did not have suitable risk management arrangements in place to make sure that care and treatment was provided in a safe way for all service users.</p> <p>Regulation 12 (2) (a) (b)</p> <p>The provider did not have suitable arrangements in place to ensure that medicines were managed in a safe way.</p> <p>Regulation 12 (2) (g)</p>