

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?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Pannonia Care is a care agency providing the regulated activity of personal care to people in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our inspection, the agency was providing care to 2 people.

People's experience of using this service and what we found

Although care was provided to people by a sufficient number of staff, we found staff recruitment practices were not robust.

There was a continued lack of management oversight of the service and the registered provider had not ensured they maintained good records in relation to people's medicines. Some people were receiving care from other care agencies in conjunction with Pannonia Care, but there were no arrangements in place for who would oversee this person's care in terms of auditing records or the quality of care provided.

Systems and processes were not adequate enough to support a well led service and the registered provider had failed repeatedly to operate a service that was rated good.

People felt safe in staff hands and relative's confirmed staff wore personal protective equipment when needed. Risks to people had been identified and guidance was in place for staff to help reduce these risks. In addition, there was a large amount of information in people's care plans to help staff provide appropriate care.

The agency was flexible in their approach to people's care, letting people decide how they wanted their care call to go. Staff showed a caring and respectful approach to people and good relationships had been developed.

Staff provided food and drink to people as they needed it and staff undertook training to help ensure they were competent in the way they care for people.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The registered manager kept up to date by reading information from the Care Quality Commission. They wished to expand the agency and start to recruit additional staff.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (report published 1 May 2019). The service remains requires improvement. This service has been rated requires improvement for the last 2 inspections.

At the last inspection, we identified a breach of Regulation 17 (Good governance) as there was poor management oversight. On this visit, little improvement had been made to this area and as such the registered provider was still in breach of this regulation.

At our last inspection we recommended the registered provider continue to improve records in relation to risks to people, as well as medicine records. We found information around risks had improved, however medicines records and quality assurance processes continued to require improvement.

You can see what action we have asked the provider to take at the end of this full report.

Since our last inspection, the agency had been dormant for a period of time. This meant they were not providing the regulated activity of personal care to anyone. The service came out of dormancy in November 2022 as they started to provide personal care to people.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Enforcement and Recommendations

At this inspection we found the provider remained in breach of Regulation 17 (Good governance). There was poor management oversight and we identified medicines records were not robust and good recruitment processes were not being followed.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Pannonia Care

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 2 inspectors.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service a short period of notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used information gathered as part of monitoring activity that took place on 18 April 2023 to help plan the inspection and inform our judgements.

We reviewed the information we held about the service. This included notifications of accidents, incidents and safeguarding concerns.

We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager. We reviewed the care plans for the 2 people who received care from the agency, as well as their medicines charts. We looked at training information, reviews of care plans, policies, procedures and feedback from people. We looked at paperwork in relation to the recruitment of 1 staff member.

Following our inspection, we spoke with 1 relative of a person who received care from the agency.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has remained Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

At our last inspection we recommended the registered provider continued to improve medicine record keeping. At this inspection we found a failure to keep accurate records in relation to people's medicines.

- Although people received the medicines they were prescribed, the records relating to the administration of these medicines was not robust.
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- The registered manager told us they gave medicine to 1 person "occasionally" as another care agency also supported the person at different times of the day. The records relating to the medicines administration for this person were not robust enough to ensure medicines were administered safely.
- In addition, this person had been prescribed 'as and when' medicines. Although these were written on the person's MAR, the dosage and frequency between doses was not recorded which meant the person could be given more medicines than was safe.
- Medicines audits were not robust enough to ensure concerns with medicines were identified and addressed in a timely manner.

The provider failed to ensure accurate recording of medicines and effective quality assurance processes were in place. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- The registered manager did not follow robust recruitment processes. A staff member had been employed without appropriate DBS checks being applied for. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. This person was no longer employed and the registered manager assured us recruitment policies would be followed with future recruitment.
- People were cared for by a sufficient number of staff. The agency was very small with only 2 people receiving a care package and the registered manager currently provided all the care. As people lived with family, there was no risk of them not receiving care should the registered manager be unable to complete calls.
- People's care needs were flexible which enabled the registered manager to meet people's preferred call times.

Assessing risk, safety monitoring and management

At our last inspection we recommended the registered provider continued to update risk assessments. At this inspection we found good detail was contained in people's risk assessments.

- Risks to people had been identified and suitable guidance was in place to help reduce those risks. A relative told us, "She is absolutely safe with her (staff member)."
- This included where 1 person needed to be careful when moving around their home and needed staff support to go for walks and a second person when they were eating, as they were at risk of choking.

Systems and processes to safeguard people from the risk of abuse: Learning lessons when things go wrong

- The registered manager was able to tell us when they would raise a safeguarding concern and who they would raise this with. They told us, "I would go to CQC and I could also report it to social services."
- The agency had 1 safeguarding concern since our last inspection and this was investigated by the registered manager in conjunction with the local safeguarding team.
- As the agency was small, the registered manager had an intrinsic knowledge about people, their care needs and associated risks. They had an accident and incident reporting process in place, but had not had to use this.

Preventing and controlling infection

- The registered manager said they had sufficient personal protective equipment. They told us, "I have so much PPE. I have gloves, masks and aprons."
- The registered manager told us they would, "Use gloves and aprons" for personal care and, "I do ask people if they would like me to wear a mask, but they don't want me to." This was confirmed by a relative.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed Good. This meant people's outcomes were good.

Ensuring consent to care and treatment in line with law and guidance

At our last inspection we recommend the registered provider ensured they were always compliant with the requirements of the Mental Capacity Act 2005. At this inspection, no one was being deprived of their liberty.

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 MCA 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People had signed their agreement to their care package and as such had agreed to accept care from the agency. Capacity assessments had not been completed as people understood the need for care and accepted it.
- The registered manager had a good understanding of the principles of the MCA telling us, "Everyone is assumed to have capacity unless they are assessed not to."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to care being provided. The assessed needs formed the basis of a person's care plan and plans were reviewed to check they remained accurate and appropriate.
- The registered manager was flexible in their approach, adapting their care calls to fit with people's requirements. This meant people were accommodated in their specific requests and as such they received care that was effective.

Staff support: induction, training, skills and experience

- The registered manager was up to date with mandatory training in line with their training policy. This included training such as infection control, health and safety, the Mental Capacity Act, safeguarding and food and nutrition.
- The registered manager told us they had booked additional training in relation to palliative care and were

currently seeking face to face refresher training in moving and handling. This would help ensure they were knowledgeable and competent in these areas.

Supporting people to eat and drink enough to maintain a balanced diet

- Where people required support with food and drink this was provided to them. The registered manager did not prepare full meals for people, but instead make snacks and hot drinks when people indicated they wished them. A relative told us, "She will make a snack if she needs it."
- Risks identified in relating to people's eating and drinking were recorded, such as 1 person who was at risk of choking due to their reduced swallowing. Guidance was clear in that food needed to be cut into small, bite-sized pieces.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The registered manager did not get involved in arranging healthcare appointments for people as they lived with family members. However, details of a person's GP or any other healthcare professional involved in a person's care was recorded in their care plans.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with respect by the registered manager. A relative had commented in 1 person's recent review, "This is a very friendly person and my Mum enjoys her company."
- People were provided with care in line with their needs and wishes during care calls. A relative told us, "Mum is lonely. She (staff) spends time talking to her and cheering her up."
- People had developed good relationships with staff. A relative said, "They get on really well. I am happy with her."
- Equality and diversity training was one of the mandatory training sessions attended by staff. This gave them an understanding of how to recognise and respect differences in people.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People were able to make decisions about their care. One person would decide each visit whether they wished to have a shower or not, or if they just wanted some company. A second person would decide if they wished to go for a walk or have some social time instead.
- Information in relation to what people could do for themselves was clearly recorded in people's care plans. Such as 1 person who was able to apply their medicated creams as well as their shower gel. This supported people to remain as independent as possible.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People received person-centred care in line with their wishes and needs. The registered manager adapted the times and days of care calls to suit people's individual requirements. A relative told us, "She is very flexible."
- People's care plans contained good detail and guidance in relation to care calls. This included details such as the temperature that 1 person liked their shower and how they liked their hair to look or the clothes they preferred to wear.
- There was a short history about 1 person in their care plan, but little other detail. We talked to the registered manager about gathering more information about people's lives which would be useful if they recruited new staff. The registered manager had a good knowledge of people and their past.
- People had not yet expressed any wishes in relation to care at the end of their life, although the registered manager said they planned to talk to family members about this aspect of a person's care.
- The registered manager was about to undertake some end-of-life training in order to improve their knowledge .

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- There was detailed information in people's care plans on how they communicated. The registered manager described 1 person and how they indicated with nods of their head or their eyes to convey their wishes.
- A second person required the registered manager to repeat information several times to help them understand it.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to do things they enjoyed when they wished to. The registered manager took 1 person out for regular walks and this person liked the registered manager to describe the environment to them as they walked.

Improving care quality in response to complaints or concerns

- The agency had a complaints policy. This described how a person could raise a concern or complaint and what they could expect in return from the registered manager. A relative told us they had never had any concerns.
- No complaints had been received by the agency since our last inspection.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has remained Requires Improvement. This meant there were continued shortfalls in service leadership.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Working in partnership with others; Continuous learning and improving care;

At our last inspection, although we found improvements to the service, these had yet to be embedded into daily practice. We found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2015. At this inspection, we found similar concerns around management oversight and governance arrangements within the service.

- Improvements were needed to provide assurance that the registered provider was complying with the requirements of registration as there was a repeated failure to achieve a rating higher than requires improvement. In addition, there was a lack of understanding of the roles and responsibilities of a registered person.
- The systems and policies in place were not adequate enough to support a well led, high quality and safe service. Where the registered manager employed staff, they were not following their own internal policies by ensuring staff undertook mandatory training before commencing in the role.
- Quality assurance processes were not effective to drive continuous improvement in the service. Issues we found at this inspection had not been identified by the providers audits.
- Processes to ensure staff were recruited safely were not robust, and not always followed. Evidence of recruitment checks promised by the registered manager were not provided to us. Although the impact to people was low as care was being provided solely by the registered manager, it demonstrated that there was a lack of strong processes in place.
- There was also a failure to work in partnership with other providers in relation to people's care. One person received care from 2 other agencies as well as Pannonia Care yet the registered manager was unable to tell us the details of both of those agencies and how the delegation of responsibility of care was divided. This left a potential risk of no one having clear oversight of this person's care.
- The agency's policies were written in 2016 and although they should have been reviewed in August of that year, they had not which meant there was a lack of evidence of learning, development or striving to improve the service.

The provider failed to ensure effective processes were in place to deliver a safe high-quality service. Records were not completed accurately or well maintained. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2015.

- The registered manager had submitted statutory notifications to CQC as required which included

information about accidents, incidents or safeguarding concerns.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service lacked vision and appropriate planning for how good outcomes for people would be achieved. The registered manager told us they wanted to, and had plans, to grow the agency. Despite saying this, they were unable to describe the vision they had for the service or the culture they wished to develop.
- The registered manager told us they kept up to date with information and new legislation by reading literature and guidance coming out from the Care Quality Commission. We spoke with the registered manager about investigating ways of accessing peer support to share ideas and to learn from others' experience.
- People we spoke with were happy with the service they received and said the registered manager was kind and caring towards them. They also provided a personalised service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager normally carried out annual quality assurance surveys with people and their family members. However, they told us, "I've not had either client for that long, so I've only completed care reviews with them so far."
- The registered manager considered people's individual needs and demonstrated an inclusive service as they had produced the care plan for 1 person in their own language, as their first language was not English.
- The registered manager followed their complaints policy in relation to any concerns, complaints or when care did not go to plan.

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 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider had failed to ensure there were robust medicines records, systems for monitoring the quality and safety of the service and a drive to improve the service to a good rating.</p>