

Pennine Care Group Limited

Pennine Homecare

Inspection report

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22 August 2019

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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

Pennine Homecare is a small domiciliary care agency providing personal care and support to people living in their own houses and flats in the community.

Not everyone who used the service received personal care. The Care Quality Commission (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 the inspection, the service was supporting four people.

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

We found evidence that the provider needed to make improvement to their recruitment and selection processes. Whilst we found no evidence that people had been harmed, the processes were not robust enough to demonstrate the recruitment of staff was safely managed. This had resulted in a breach of regulation. Please see the safe section of this report. You can see what action we have asked the provider to take at the end of this report.

The provider was aware that the quality monitoring systems had not been effective in identifying shortfalls in areas such as record keeping and recruitment; the provider told us action was planned to improve this area.

People told us they were happy and felt safe. Without exception, people made positive comments about the staff and were complimentary of the support they received. They said staff were kind, skilled and friendly. The values of the service were known to staff and people using the service. Staff told us they received support from the management team and they enjoyed working at the service. People and staff told us the service was well-managed and they would recommend it to others. Management and staff planned and promoted person-centred care to ensure good outcomes for people.

Safeguarding adults' procedures were in place and staff understood how to protect people from abuse. There were enough numbers of staff deployed to meet people's needs in a punctual, consistent and flexible way and to ensure their safety. People received their medicines when they needed them from staff who had been trained and had their competency checked. Risk assessments were carried out to enable people to retain their independence and receive support with minimum risk to themselves or others.

People were given choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's care and support needs were assessed prior to them using the service to ensure their needs could be met. Arrangements were in place to ensure staff received ongoing training and support. People were supported at mealtimes in line with their support plan and staff worked in partnership with healthcare professionals, when needed.

Management and staff had developed friendly, caring and respectful relationships with people using the service and their families. Staff knew about people's backgrounds and about their routines and preferences; this made sure people's care was tailored to their specific needs. People, or their family members, had been consulted about their care needs and had been involved in the support planning process.

People had access to a range of activities in line with their support plan. People did not have any complaints about the service they received. They had access to a complaint's procedure and were confident they could raise any complaints, concerns and compliments.

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

Why we inspected

This service was registered with us on 15 October 2018, and this is the first inspection.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Pennine Homecare

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 Care Act 2014.

Inspection team

The inspection was carried out by one 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. In addition, the expert by experience could effectively communicate with people whose first language was not English.

Service and service type

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

The service had a manager registered with CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' 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. We also wanted to be sure there would be people at home to speak with us.

Inspection activity started on 20 August 2019 and ended on 22 August 2019. We visited the office location on 20 August 2019.

What we did before the inspection

Before the inspection, we looked at the information we held about the service. This information included statutory notifications the provider had sent to CQC. A notification is information about important events

which the service is required to send us by law.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We also contacted local authority commissioners and asked them for their views about the service. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection-

During the inspection, we visited the registered office and spoke with the registered manager, the provider and an administrator. We spoke with four people who used the service and three care staff on the telephone about their experience of the service.

We looked at the support plans and associated records for three people who used the service. We looked at a range of records relating to how the service was managed; these included three staff recruitment records, three medication records, induction, training and supervision records, quality assurance systems and policies and procedures. We also looked at the results from a recent customer survey.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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.

Staffing and recruitment

- The registered manager and provider had not followed clear and safe recruitment processes. Appropriate checks such as police checks, and previous employment checks had not been carried out consistently prior to employment. This could place people at risk.

Whilst we found no evidence that people had been harmed, the processes were not robust enough to demonstrate recruitment of staff was safely managed. This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the provider confirmed all recruitment records would be checked and a safe process would be followed in future.

- The registered manager made sure enough staff were available to support people and ensured planned visits were flexible in line with people's preferences.
- People told us they received care from the same team of staff who were familiar with their needs and preferences. They told us staff were punctual and had never missed a visit.
- The registered manager monitored staff attendance records to ensure staff had arrived safely and carried out their visit at agreed times.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems to protect people from the risk of abuse. People told us they felt safe and were very happy with the care and support they received. One person said, "They always make me feel safe. They talk to me as if they are my family."
- Management and staff understood safeguarding and protection matters and were clear about when to report incidents and safeguarding concerns to other agencies.
- The provider had taken suitable steps to ensure staff knew how to keep people safe and to protect them from discrimination. This included access to appropriate training and to policies and procedures.

Assessing risk, safety monitoring and management

- The registered manager identified risks with regards to people's environment and personal care and support. Risk assessments included information for staff about the nature of the risks and how staff should support people to manage them. We discussed improving the recording of due service dates for equipment used in people's homes. The registered manager agreed to action this.
- The registered manager kept records in relation to any accidents and incidents. Information was

monitored to identify whether appropriate action had been taken and to identify any patterns or trends. We noted one incident record was maintained on the person's support plan but was not in the incident file. The registered manager acted on this immediately.

Using medicines safely

- The registered manager and staff had policies and procedures to refer to when managing people's medicines. People's medicines had been safely managed.
- The registered manager made sure staff were suitably trained to administer medicines and had carried out a formal check on their practice.

Preventing and controlling infection

- The provider had systems in place to ensure people were protected against the risk of infections. Staff were provided with personal protective equipment and had access to infection prevention and control policies and procedures.

Learning lessons when things go wrong

- The provider had systems to learn lessons and improve when things went wrong. The registered manager said accident and incidents and any lessons to be learned would be discussed at management and staff meetings.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered manager completed thorough assessments before people received a service, to make sure their needs could be met. This resulted in positive outcomes for people and supported a good quality of life.
- Management and staff considered people's protected characteristics such as culture, age, religion and belief. Policies and the initial care assessment supported the principles of equality and diversity. We were told people were asked their preferences in relation to gender of staff supporting them. However, this had not been recorded. The registered manager agreed to include this as part of the initial assessment.

Staff support: induction, training, skills and experience

- The provider made sure staff were provided with training which enabled them to deliver high-quality care and support to people. People described staff as skilled, trained and experienced. One person said, "They know exactly what to do."
- The provider made sure new staff were given an induction to enable them to carry out their role safely and competently. Some staff were working through the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. The registered manager told us all staff would access a recognised qualification in care to support them with their work.
- The registered manager provided all staff with regular support and supervision to support them in their roles. Supervision provided them with the opportunity to discuss their concerns, responsibilities and to develop their role.

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

- The registered manager made sure people were supported at mealtimes in line with their plan of care. People told us staff asked them what they preferred to eat and prepared and cooked their food to a good standard. People said, "The food they make is what I like, they make my own cultural food. This makes me happy."

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

- Management and staff liaised with healthcare professionals to ensure people's health needs were met and to ensure people received a coordinated service.
- Staff recorded information about people's medical history and any needs or risks related to their health. They also included the contact details for people's GP and next of kin to be used by staff if they had concerns about people's health or well-being.

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

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. 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.

- Management and staff had received training and demonstrated an understanding of the principles of the MCA. Staff made sure people were supported to have maximum choice and control of their lives and supported them in the least restrictive way possible. People confirmed they were able to make their own choices and decisions.
- The registered manager and staff sought people's consent before care was provided. People and, where appropriate, their relatives had been asked to sign consent forms. Staff understood the need to ask people for consent before carrying out care.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- Management and staff focussed on building and maintaining open and honest relationships with people and their families. Without exception, people made positive comments about the staff and were complimentary of the support they received. They told us staff were caring, wonderful, respectful and kind. One person said, "The care workers are just like family. They always give me respect, dignity and are always smiling."
- Staff had access to equality and diversity policies and procedures and had received training in this area. Staff demonstrated a good knowledge of people's personalities and individual needs and what was important to them.

Supporting people to express their views and be involved in making decisions about their care

- The provider involved people in planning and reviewing their care, where possible, so they could make decisions and choices. One person told us, "They let me make my choices freely."
- People, and where appropriate, their relatives told us they were consulted about the care they needed and how they wished to receive it. They told us their views were listened to and respected. This helped to ensure that care was delivered in a way that met the needs of people who used the service.
- The registered manager provided people with details of advocacy services which people could access to ensure someone could support them and ensure their views were listened to.

Respecting and promoting people's privacy, dignity and independence

- Management and staff respected and promoted people's privacy, dignity and independence.
- People told us their privacy was respected and staff were respectful of their homes and their belongings. Staff respected people's confidentiality and had developed trusting relationships.
- The provider ensured people's rights were upheld and they were not discriminated against in any way. People confirmed they were not discriminated against in relation to religion, gender or age.
- The provider made sure staff understood their role in providing people with person centred care and support and were aware of the importance of maintaining and encouraging people's independence. One relative commented, "The staff have been excellent helping [family member] to be independent."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- Management and staff had a good understanding about things that were important to people, their likes and dislikes, important people in their lives and their relationships. This helped them to tailor the service to the individual and to ensure people lived the lives they wanted to.
- Management and staff ensured the support plans contained enough information to make sure people received care and support that was person-centred. Staff wrote daily records, which documented the care people had received, in a detailed and respectful way.
- We looked at how technology was used in the service. The agency staff used Wi-Fi and computers to support them in their daily work. In addition, people using the service carried pendants to be used in the case of an emergency and had key safe systems in place.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider understood about the Accessible Information Standard. People's communication needs were identified and recorded in their support plans and shared appropriately with others. We were told information could be made available in a variety of formats, such as easy to read information and other languages to meet the communication needs of people and to give people more control over their lives. One person said, "We can communicate as they speak the same language as me."

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

- Staff supported people with activities in line with their plan of care that met their social and cultural needs and interests.
- Management and staff supported people to maintain and develop links within their local community to help avoid social isolation. People were being consulted about the activities they would be interested in.

Improving care quality in response to complaints or concerns

- The provider had a system to monitor any complaints, compliments or concerns. The information was used to understand how they could improve or where they were doing well. The service had received one complaint in the past 12 months. There was good evidence the person's concerns had been listened to and the issue resolved.

- People had access to a complaint's procedure in the service information guide. We discussed with the provider how additional information about local agencies could be added. People told us they had no complaints or concerns. They told us they would feel confident talking to staff or the registered manager if they had a concern or wished to raise a complaint. They told us they were listened to.
- The registered manager and staff encouraged people and their relatives to discuss any concerns during review meetings, surveys and during day to day discussions.

End of life care and support

- At the time of our inspection, the service was not supporting anyone with end of life care. Where possible, information about people's preferences and choices in relation to end of life care and cultural and spiritual needs had been explored and recorded.

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.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant the service management and leadership was inconsistent, which could impact on the delivery of care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider did not have fully effective systems to identify shortfalls in the quality of the service. We found records, such as those related to care, recruitment, training, supervision and spot checks, had not always been completed or reviewed. The provider described action being taken to improve the quality monitoring systems which included the appointment of an external auditor.
- The provider made sure staff understood their individual responsibilities and contributions to service delivery. Staff were provided with job descriptions and had access to a set of policies and procedures to guide them.
- The registered manager and provider were knowledgeable about their legal responsibilities. Any notifications the registered manager and provider were obliged to make, had been made to CQC and the local authority.
- The registered manager demonstrated a good knowledge of people's needs and the needs of the staff team. The registered manager worked alongside staff carrying out care duties.

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

- Management and staff planned and promoted person-centred care to ensure good outcomes for people. Everyone we spoke with was complimentary about the service. People told us they would not hesitate to recommend the service. People said, "The manager is very good to me", "They are good people" and "It is the best thing that has ever happened to us. Wonderful service."
- Staff were committed to providing high standards of care and support and felt valued and supported. Staff told us they enjoyed working at the service and received appropriate support from the management team.

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 management team understood and acted on their duty of candour responsibilities. They promoted and encouraged candour through openness and honesty. People told us managers and staff were open and honest. Good relationships had been developed between staff, management and people using the service and their relatives.
- The registered manager told us they would speak with people when things went wrong. Any incidents would be fully discussed with staff during meetings or in one to one support sessions.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Management and staff actively supported people to be engaged in the development of the service. The quality of the service was monitored by regularly speaking with people to ensure they were happy with the service. People were also given the opportunity to complete a customer satisfaction survey.
- Management and staff were committed to delivering person centred care that respected people's diversity and personal and cultural needs. People's needs were fully discussed, recorded in the support plan and shared with care staff.
- The registered manager had systems that ensured all staff were kept up to date and promptly notified of any changes. Staff told us they were kept up to date and they felt communication was good.

Continuous learning and improving care; Working in partnership with others

- The provider and registered manager encouraged continuous learning and development within the service. Plans to continue improvements within the service were available. They included development of the quality monitoring systems, recruitment of new staff, developing links with local commissioners and improving staff access to recognised training.
- The registered manager worked in partnership with external agencies. Further links were being developed where they could learn and share valuable knowledge and information that promoted the continued development of 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	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed People who use services and others were not protected against the risks associated with unsafe recruitment processes. Regulation 19 (2)