

Petts Wood Homecare Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 29 and 30 November 2017 and was announced. Petts Wood Homecare Limited is a domiciliary care agency. It provides personal care to people living in their own houses, to older adults, people living with dementia, physical disability and sensory impairment. At the time of the inspection, 34 people were using the service.

The service had a registered manager in post. 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.

Risk to people had been assessed and reviewed regularly to ensure their needs were safely met. Medicines were managed safely and people were supported to take their medicines as prescribed by healthcare professionals. Both the management team and care staff knew of their responsibility to protect people from abuse and report and record any concerns of abuse. Adequate numbers of staff were deployed to support people. The provider had systems in place to ensure suitable staff were recruited for the role. Where issues were identified, lessons were learnt and improvements were made to the service. Appropriate measures were taken to ensure that people were protected from infectious diseases and staff had completed infection control and food hygiene training.

Staff were aware of the importance of seeking consent from people they supported and demonstrated an understanding of the Mental Capacity Act (MCA) 2005. Staff completed an induction when they started work and received training relevant to support people. Staff were supported with supervision; however, staff appraisals required improvement. Assessment of people's care and support needs were carried out by managers before people started using the service. People were supported to eat and drink sufficient amounts for their wellbeing. The provider worked well together with other organisations such as the local authority and the NHS to deliver safe and effective care. People were supported to access healthcare services when they needed it.

Staff were compassionate towards people and were kind to them with dignity and respected. Staff knew people well and their preferences and respected their choices. People's independence was promoted to ensure they continue living in their own homes. People were involved in their care planning to ensure the care delivered met their needs. Staff said they would support people with diverse needs and had received equality and diversity training to ensure they had appropriate skills to do so. People received personalised care that met their needs. The service was flexible and made changes to meet people's individual needs. People and their relatives knew how to make a complaint but did not have anything to complain about at the time of our inspection. People were provided with appropriate information when they started using the service to ensure they were aware of the standard of support they should expect.

The service had a registered manager who was experienced and complied with the Health and Social Care

Act 2008. Both the management team and care staff knew of the provider's values and vision. The provider assessed and monitored the quality of the service and gathered people's views through surveys and care plan reviews. The provider undertook spot checks to ensure quality and consistency were maintained. Staff said they enjoyed working at the service and received good support from their managers.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Risk to people had been assessed to ensure they were safely managed.

Where required, people were supported to take their medicines as prescribed by healthcare professionals.

Appropriate systems were in place to ensure people were safeguarded from abuse.

Adequate numbers of staff were deployed to provide the care and support people required. Appropriate recruitment checks were in place to ensure suitable staff were employed to support people.

Where issues were identified, action was taken and lessons were learnt to improve the service.

The provider had infection control policy and procedures in place and staff wore personal protective equipment to prevent or minimise the spread of infections.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Appropriate systems were not always in place to assess people's capacity and to demonstrate that decisions made for them were in their best interest.

Staff were supported with induction, training and supervision; however staff appraisals required improvement.

Where required people were supported to eat and drink sufficient amounts for their wellbeing.

The provider worked together with other organisations to deliver safe and effective care.

People were supported to access healthcare services when they

needed it.

Is the service caring?

Good ●

The service was caring.

People said staff were kind and caring towards them.

People were involved in planning their care and support and staff knew of people's preferences and respected their wishes.

People's privacy and dignity were respected and their independence promoted.

Is the service responsive?

Good ●

The service was responsive.

People said the care and support delivered met their individual needs.

Staff said they would support people with diverse needs and had received training to do so.

The service was flexible and made changes to ensure people's needs were met.

People and their relatives knew how to make a complaints. They said they did not have anything to complain about but were confident their complaints would be dealt with appropriately.

No one currently using the service was on end of life care; however the provider had made appropriate provisions to ensure where required, people's wishes were met.

Is the service well-led?

Good ●

The service was well-led.

There was a registered manager in post.

Staff said they enjoyed working at the service and they received good support from the registered manager and the other managers at the office.

The provider had systems in place to assess and monitor the quality of the service.

People's views were sought through an annual satisfaction survey and staff views were sought through regular team meetings.

The provider continuously learns to improve the quality of the service and ensure sustainability.

Petts Wood Homecare Limited

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.

This inspection site visit took place on 29 and 30 November 2017 and was announced. We gave the service 48 hours' notice of the inspection visit because the registered manager is often out of the office and we needed to be sure they would be in.

The inspection team consisted of two inspectors 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.

Before the inspection we reviewed information we had about the service. This included notifications that the provider had sent us. A notification is information about important events which the provider is required by law to send us. We reviewed a Provider Information Return (PIR). This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed a local authority contract monitoring report and feedback about their views of the service. We used all this information to plan our inspection.

We spoke with nine people, two of these we visited in their homes, the other seven we spoke to by telephone. We also spoke to nine relatives, five care staff, the registered manager and two senior managers. We looked at five care plans, six staff files which included training, recruitment and supervision records. We also reviewed other records used in the management of the service such as quality assurance systems and policies and procedures.

Is the service safe?

Our findings

Each person had a risk assessment in place which covered areas such as general health, mental health, medicines, fire safety and their home environment. There was a separate document which covered the risk associated with movement and handling with appropriate management plans and with any need for mobility aid. For each risk identified there was guidance for staff to ensure that they took actions to prevent or minimise the risk. Staff we spoke with knew of actions to take to ensure risk to people were managed safely. For example, one staff told us that the person they supported was unsteady on their feet and therefore needed a walking frame and their guidance to walk safely and to ensure they did not fall. In the person's risk assessment we noted that the risk of falls had been identified with appropriate management plans such as ensuring all pathways were clear. Each risk identified was rated high, medium or low to determine the level of risk, impact and support required; however, the rating did not always reflect people's level of risk. For example a person who had four falls over a period of two months was rated low for the risk of falls.

We brought this to the attention of the registered manager and the person's risk assessment was updated. The registered manager informed us that all risk assessment were being reviewed and sent us a template they had adapted to ensure individual risks were identified with the appropriate management plans.

People and their relatives felt appropriate support was in place for the safe management of medicines. Each person had a medicine administration records (MAR) which was up to date, accurate and with no gaps evident. Office staff reviewed completed MAR sheets monthly to check for completeness and to ensure people were supported to take their medicines as prescribed. Staff we spoke with described how they supported people with their medicines and said they were confident undertaking this task. Staff training records showed all staff had completed training in safe administration of medicines and the provider had undertaken competency checks on staff before they administered medicines. We saw that two members of staff had been referred for additional support and training following a competency review and this had been completed.

The service ensured effective systems and processes were in place to protect people from abuse, neglect and discrimination. The provider had safeguarding policies and procedures in place and this information was included in a handbook given to every member of staff when they started work. All staff had completed safeguarding training and were aware of their responsibility to identify, report and record any concerns of abuse. Staff told us of the types of abuse and/or neglect that could occur and said they would report any concerns to their manager immediately. The registered manager knew of their responsibility to protect people from abuse and to notify the local safeguarding team and CQC if they had any concerns. The registered manager told us and our records showed that there had not been any allegations of abuse since our last inspection.

People and their relatives felt the right numbers of staff were deployed to support them or their loved ones. One person said, "There are enough staff and they are very punctual." Another said, "I only have one visit a day and they manage that alright." A relative told us, "It is usually two carers; they come on time and are very

reliable." Staff we spoke with confirmed there were sufficient staff available and that adequate numbers of staff were deployed as planned for. The registered manager said staff rotas were planned on weekly basis to suit people's needs. Staff absences were covered by prioritising and attending to people most at risk. The registered manager and other managers based at the office also provided cover in emergencies to ensure people's needs were met.

The provider had systems in place to ensure suitable staff were recruited to support people. Appropriate recruitment checks were carried out before staff began working at the service. Staff files included completed application forms, two references, proof of identity, Disclosure and Barring Services (DBS) checks and the right to work in the United Kingdom. All staff we spoke with confirmed they did not start working with the provider until these checks had been completed.

Where issues were identified, lessons were learnt and improvements were made to the service. The provider had recently changed their MARs following monthly audits and feedback from staff regarding recording on the MARs. We saw that the forms were redesigned to capture appropriate information in October 2017. Further amendments had been made following the pilot phase and a new MAR was due to be implemented in December 2017.

The provider had systems in place to ensure people were protected from the risk of infections. The provider had an infection control policy and procedures in place. All staff had completed infection control and food hygiene training and knew of their responsibility to prevent the spread of infections. The registered manager told us all staff were provided with personal protective equipment (PPE). Staff confirmed they wore PPE and followed good hand hygiene practices to prevent the spread of infectious diseases.

Is the service effective?

Our findings

People told us that they were able to make decisions about their care and were able to express their preferences to staff. They told us that staff sought their consent before providing support and they felt involved in care plan assessments and its reviews. One person said, "Yes, [staff seek my consent] but it doesn't matter to me really." Another person responded, "Yes she does, though she doesn't need to." Staff we spoke with demonstrated their knowledge and understanding of people's right to make informed decisions independently and where necessary to act in their best interest. However, we found that the service did not have systems in place to assess people's capacity to make informed decisions themselves and to ensure compliance with the Mental Capacity Act 2005.

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.

Care plans contained assessments of people's physical and mental health needs and risk assessments identified people's psychological needs. However, we noted that there was no documentation in place to demonstrate where required, mental capacity assessments had been carried out with best interest decisions. For example, a care record stated that one person had dementia, both the registered manager and staff told us the person could not make specific decisions for themselves and that their relatives lived abroad and it was sometimes difficult to contact them. However this person did not have mental capacity assessment with best interest decisions completed. We drew this to the registered manager's attention. They confirmed that they did not have systems in place to carry out mental capacity assessments when someone's capacity to make an informed decision was in doubt. However, they informed us that staff knew people well and made decisions in people's best interests in consultation with their family members and/or health professionals where appropriate. Following our inspection, the registered manager sent a mental capacity assessment template which they had adopted to ensure consent was appropriately sought and considered where possible and if required to act in people's best interests in line with the Mental Capacity Act 2005.

People and their relatives felt staff had received appropriate training and knew how to meet they or their loved ones needs. One person said, "They are very capable and well trained," another person said, "They are all good at the job and get a lot of training."

New staff were supported with an induction when they first began working with the provider. The induction programme included training and shadowing experienced colleagues. The registered manager informed us that the level of support new staff received depended on their level of experience and on people's needs. All staff we spoke with said they had an induction when they started working with the provider and felt the level of support provided was adequate to enable them perform their roles effectively.

People received care and support from staff that were supported through training. All staff we spoke with felt appropriate support was in place for them. One staff member said, "We have loads of training." Another staff commented, "Training is always available". Training records confirmed that all staff training was up to date in areas such as safeguarding, infection control, health and safety and manual handling. Staff had also completed training in areas such as dementia care, catheter care, dying, death and bereavement to ensure they had appropriate skills to support people with their individual needs.

Staff were being supported through supervision regularly. The supervision documents in place included minimal information and did demonstrate if staff received the appropriate support required to perform their role effectively. However, all staff we spoke with said they felt well supported through supervision. They told us supervision was regular and that if they needed additional support they could always speak with their managers and were confident that any issues would be addressed. Staff appraisals were not always completed annually to support staff develop in the role in which they had been employed. The provider showed us appraisals documents they had completed since starting the service in 2012. We saw that an appraisal had been completed for only two members of staff. One was completed in August 2013 and the second in January 2017. The registered manager told us they had completed some appraisals but knew they needed to work on it. Although all staff said they felt well supported, one staff member said, "I think an appraisal will be a good thing." This is an area that required improvement.

Prior to using the service, management team carried out assessments to ensure they could meet people's needs. Needs assessments covered areas such as, moving and handling, medical conditions, communication, personal care and health and safety in the home environment. Care plans were drawn from these assessments which provided staff with guidance on the support to provide. In each care file, a visiting schedule was in place which detailed the number of visits required each day, the length of time allocated and the support people required. Staff we spoke with knew of people's needs and the support to provide. People's care plans were reviewed every three to six months or when their needs had changed.

People and their relatives felt adequate support was in place for them or their loved ones to eat and drink well. People's care plans included information about their nutritional needs and any support they may require for example with cooking and/or eating. Where relatives were involved in providing support for people this information was stated in the care plan so that staff were aware. Staff told us they encouraged people to eat and drink sufficient amounts for their wellbeing. Daily care records showed that people were supported to eat and drink sufficient amounts as planned for.

The provider worked well together with other organisations such as the local authority and with various health professionals in the NHS to deliver a safe and effective care. The registered manager informed us they worked closely with the local authority to ensure the care packages in place were meeting people's needs. For example, where a care package was not meeting a person's needs this was reviewed with the commissioning body and we saw that appropriate support was put in place for the person.

People were supported to access healthcare services when they needed it. The registered manager told us that care staff knew well the people they supported and they had always reported to the office if they had any concerns. Where required the provider had contacted healthcare professionals including GPs, pharmacists, occupational therapists, district nurses and mental health teams to provide safe care and treatment. For example, we saw that where a person required equipment to support their mobility, the provider was in contact with healthcare professionals to ensure the appropriate assessment and equipment was in place for them

Is the service caring?

Our findings

People and their relatives were complimentary about the service. People said staff were kind, respectful and compassionate towards them. One person said, "They are very kind I can't praise them enough." Another commented, "They are so kind, they have built a good rapport and their visits are looked forward to." A relative commented, "They are really good, nothing is too much trouble, they look after the whole family really." Another relative said, "I am extremely happy with them and the way they treat my [relative], more than kind."

The registered manager told us that staff had built relationships with people and knew them well including their likes and dislikes. We found that people had regular care staff and had built relationship with them over a period of time. One person said, "She knows me so well and all my likes and dislikes." Another person said, "She knows my ways and she is very kind." A third person commented, "They know my preferences and they do their best." Relatives felt staff knew their loved ones well and supported them in ways that met their needs. One relative said, "[Staff name] She is very caring you don't need to ask her for help, she does it automatically to support us. She knows what we like and she does her job well." Staff we spoke with knew people well and told us of their health conditions, level of mobility and independence, things that interest them and their likes and dislikes and also ways in which they supported them to ensure their needs were met.

People were involved in planning their care and support. All the people and their relatives we spoke with confirmed they were involved in planning their care and had agreed to the plan in place. One person said, "I have been involved in the discussions and for planning what the carer needs to do and we have made changes when we needed to." Another person said, "Yes, I am involved always." And a third person said, "Yes, we agreed to the plan together." All the relatives we spoke with confirmed they were involved in the care planning and its reviews. One relative said, "I was involved in the first plan and since." Another relative said, "I helped with the care plan and its reviews." People said they were involved in making day to day decisions about their care and that if the plan in place was not meeting their needs they would tell care staff and also the management team and they found that the service responded to their needs promptly. One person said, "I can't fault them, they respond to messages promptly and are on the phone straight away if anything changes."

People and their relatives said staff respected their privacy and dignity. One person said, "They respect me and my family." A relative commented, "They treat him as an individual and do their absolute best." Another relative said, "They don't do anything in the open when they are washing him, it is always private." Staff told us of ways they promoted privacy and dignity including respecting people's homes, gave people choice, kept information about them confidential and ensured their personal care was provided in privacy and with respect. One care staff said, "I always shout out to them first before entering, give them a choice and cover them during personal care." Another care staff, "I don't leave the door open and the person must give permission before someone else can be present."

People's independence was promoted. People told us that staff were helpful but encouraged them to do

things they could do for themselves. One person said, "They don't do things for me that I can do myself. Another person said, "I am very independent and they respect that." Care records included information about people's independence such as the things they could do for themselves and those that they needed support with. Staff said they encouraged people to do things they could for themselves so they do not lose that skill.

Is the service responsive?

Our findings

People and their relatives told us they or their loved ones needs had been assessed and they were involved in planning the care to ensure their needs were met. Comments from people and their relatives included, "I have a care plan, [Care staff] knows exactly what to do and if it is a replacement, I am perfectly capable of telling them what to do." Another person said, "I've known her a long time so she knows what I need."

Care plans detailed people's preferences and wishes with regards to the care and support they received. Staff we spoke with were knowledgeable about how to meet people's needs with regards to their physical and mental health needs, disabilities, race, religion and sexual orientation. Both staff and the registered manager told us they did not support anyone with any diverse needs currently. They said their role was to support people from all cultural backgrounds to express themselves and to have as much choice and control as possible.

People and their relatives told us the service was flexible and that any changes they had requested had been implemented in line with their preferences. One person said, "They changed the plan when I was better from hospital." Another commented, "They have made several changes as I have been in and out of hospital." Relatives told us that the service was responsive and made changes promptly to meet people's changing needs. One relative commented, "They are very flexible and even if we need a temporary change they accommodate us." Care staff we spoke with said they would report any changes or concerns to office staff to ensure appropriate support was in place for people. The registered manager told us that people's changing needs and requests were always considered and acted upon to ensure their needs were met. At our inspection we found that an additional breakfast visit had been recently added to one person's plans due to their health deteriorating and/or their relative's inability to support them at this time.

People and their relatives said they knew how to make a complaint but had no need to do so because they did not have anything to complain about. One person said, "I haven't needed to complain." Another person said, "I haven't made a complaint but I will call them straight away if I wanted to complain and I know there is a procedure. A relative said, "I haven't needed to complain although I have raised some concerns from time to time and they have been dealt with quickly and efficiently." Another relative commented, "I haven't needed to complain but know what to do if there is a problem."

Each person had been given a service user guide which included information on how to make a complaint. The registered manager told us that most of the people using the service could communicate their needs effectively and could understand information in the current written format provided to them. The service user guide included the provider's contact number, what the provider would do and the time they would take to respond to a complaint. The provider had not received any complaints since our last inspection. The registered manager showed us records of compliments they had received to demonstrate people's satisfaction with the care delivery.

The registered manager told us that no one currently using the service required support with end of life care. They told us that they sometimes got referrals from the hospital and worked hand-in-hand with both the

district nurses and local hospices to provide the appropriate support required and to ensure the person's wishes were met. Staff had received training on dying, death and bereavement to ensure they had appropriate skills to support people where required

Is the service well-led?

Our findings

People said the service was well managed. Comments from people included, "The service is very good, I can't fault them, we tried two other agencies first and they were nothing as good as this one is." Another person said, "They make sure it all runs smoothly, they are second to none, really, really good." A third person commented, "I am very satisfied with the service we get and it is well organised". All relatives we spoke with were complimentary of the service.

Staff said they felt the service was well led and they could contact the management team if they have any concerns to ensure people received safe, effective care and support. One staff member said, "It is a good company to work for, mostly okay just the odd bits." Another staff said, "They are good managers... I am happy working most of the time."

There was a registered manager in post who demonstrated a good understanding of their responsibilities in line with the Health and Social Care Act 2008 including notifying CQC promptly of any events that had occurred. The registered manager was experienced and had been in post since 2012 when the service was registered. The registered manager told us their values were to treat people with dignity and respect and their vision was to support people live independently in their own home. Staff we spoke with were aware of the providers values and visions and confirmed this with us.

The provider had systems in place to assess and monitor the quality of the service and this included spot checks. The management team carried out spot checks on care staff to ensure quality and consistency were maintained. The spot checks covered areas such as punctuality, wearing of PPE, records and the care delivery. There were no issues identified at these spot checks; however, the registered manager told us they would discuss any issues at supervisions, team meetings and provide further training for staff where required.

The provider gathered people's views during care plan reviews, spot checks, telephone calls and an annual service user satisfaction survey. The annual satisfaction survey asked people and their relatives questions regarding professionalism of care staff, missed calls, time keeping, privacy and dignity and overall satisfaction with the service. We saw that people responded positively to all the feedback and said they were satisfied with the care and support they received. The survey questions were rated between strongly disagree equating to one and strongly agree equating to five. The survey results were analysed and showed that the questions asked were rated as 57% strongly agree, 31% agree, 8% average, 1% disagree and 3% strongly disagree. We asked the provider if they followed up on any questions that were rated disagree or strongly disagree and they told us they felt they performed well in the survey and therefore did not follow up on it. This is an area that requires improvement.

Staff views were sought through regular team meetings. Minutes of meetings covered areas such as care delivery, keeping call times consistent, booking annual leave, responding to fire emergencies and medicines administration. Staff said they found these meeting useful because it gave them opportunities to feedback to management team.

Where required the provider took action to improve on the service. In January 2016, the local authority commissioning team carried out a quality assessment of the service. The provider complied with all but one area they looked at. The audit document stated that some call times were delivered earlier than it had been planned for. At this inspection we saw that the provider had implemented a call monitoring system to ensure that call times were delivered as planned for. Staff told us that the call monitoring system had improved the quality of the service because for each person they attended to, they had to sign-in and sign-out which alerts office staff that the care and support was being delivered at the time it was planned for. People we spoke with confirmed that the care and support they received were delivered on time and consistent with their needs.