

Panacea Care Limited

# Panacea Care

## Inspection report

13 Wood End Green Road  
Hayes  
Middlesex  
UB3 2SB

Tel: 07949494687

Website: [www.panaceacare.co.uk](http://www.panaceacare.co.uk)

Date of inspection visit:  
06 March 2018

Date of publication:  
05 April 2018

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This announced inspection took place on 6 March 2018.

Panacea Care provides personal care and support to people who have mental health needs within a supported living and a domiciliary care setting. People living in a 'supported living' setting receive care and support, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living. This inspection we looked at people's personal care and support people received. At the time of our inspection Panacea Care provided shared accommodation and support to 11 people living in two supported living settings one of which was the address of the registered location.

The domiciliary care service was about providing home care support to people who have mental health needs and/or learning disabilities who are living in the community. At this inspection there were two people using this particular service but none of them were receiving personal care so we did not inspect this aspect of the service.

At our last inspection carried out on the 14 November 2016 we rated the service Good. This had been a focused inspection to check on a breach of Regulation 18, which was met. The previous comprehensive inspection took place on 30 and 31 March 2016. At this inspection on 6 March 2018 we found the evidence continued to support the rating of Good.

The owner of the company was also 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.

The registered manager worked alongside staff on shift so that they could see how the service met people's needs.

People were happy using the service. They felt supported and were developing daily living skills to help them potentially live independently. People had been involved with planning their care and had consented to the support they received.

People's care records included their needs and preferences. Information had been reviewed on a regular basis to help ensure people's needs were being met. People had access to the health care services they needed and their nutritional needs were being met.

The risks to people's safety and wellbeing were assessed. People were supported to manage their own safety and remain as independent as they could be. The provider had processes in place for the recording of incidents and accidents.

Staff received training on safeguarding adults from abuse and there were policies and procedures in place to inform staff on what to do if they had a concern about a person's welfare and safety. There had been no safeguarding incidents.

There were enough staff on duty to meet people's needs. Employment checks were in place to obtain information about new staff before they were allowed to support people. People were supported by staff who were sufficiently trained and supervised.

People were given the support they needed with medicines and there were regular audits carried out to help ensure people received their medicines.

People were supported to have maximum 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 using the service, staff and others were asked for their feedback on the service so that the registered manager could identify what was working well and where improvements needed to be made.

There was a complaints procedure available and people told us they knew how to raise a concern or complaint.

There were checks and regular audits on a range of areas in the service to ensure people received safe good care.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains Good	<b>Good</b> ●
<b>Is the service effective?</b> The service remains Good	<b>Good</b> ●
<b>Is the service caring?</b> The service remains Good	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains Good	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains Good	<b>Good</b> ●

# Panacea Care

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 comprehensive inspection took place on 6 March 2018 and was announced. One inspector carried out the inspection and we announced the inspection the day before because the location provides a small supported living service for people who are often out during the day. We needed to be sure that they would be in and that staff would be available to assist with the inspection.

We reviewed the information we held about the service. This included the last inspection report, statutory notifications about incidents and events affecting people using the service and a Provider Information Return (PIR) sent to us in February 2018. The PIR 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.

At this inspection we spoke with three people who use the service, the registered manager and a support worker. We reviewed the care records for two people using the service. We also reviewed two staff recruitment files and records related to the running of the service. These included, checks and audits carried out on the environment, medicines records and satisfaction surveys to monitor quality in the service and to identify areas for improvements.

Following on from the inspection we emailed two social care professionals to gain their views on the service and we received feedback from one.

# Is the service safe?

## Our findings

People we spoke with told us they felt safe using the service. One person confirmed, "Yes, I feel safe living here, there is support when I need it." A second person said, "It's okay here. I have no concerns about living here."

The provider had systems in place to safeguard people from abuse. There were policies and procedures for safeguarding. We spoke with a support worker about how they would recognise and report abuse. They demonstrated a clear understanding and said they would report any concerns to the registered manager or to the local authority. They told us, "For you to do your job properly, you have to do the right thing." Staff received training on safeguarding adults which provided them with the information on what to look for and what action to take. There had been no safeguarding concerns.

The risks to people's safety and wellbeing had been assessed and there were plans to manage these risks. This included, identifying potential risks, such as alcohol related behaviour and self harm, and guidance on how the staff team should support the person to minimise harm to the themselves or others. Risk assessments were reviewed on a regular basis. There were contingency plans in the event of a person not returning to their home when expected. The registered manager had notified the relevant healthcare professionals, the Police and the Care Quality Commission (CQC) when these events had occurred. People had usually returned to the service within a few hours. People we asked confirmed they knew that after 5pm they could use the telephone in the entrance hall to contact the registered manager or senior staff member if they felt at risk or had concerns.

The provider had carried risk assessments and arranged for checks to be completed by external professionals on areas of the environment where care was to be delivered to ensure the safety of the person and staff. We found that the risk assessments had not considered all risks people faced if they were living or had access to windows on the first floor. People could have been disorientated to time and place and therefore could potentially be at risk of harm. We discussed any such risk with the registered manager and they later emailed to confirm that they had taken action to minimise risks of people falling from a height.

There were enough suitable staff employed to keep people safe and meet their needs. The majority of staff had worked at the service for over a year and knew people's needs well. The registered and deputy manager worked full time in the service to support people and work alongside the staff team to ensure the service ran smoothly. Since the last inspection, the registered manager had recruited more staff as they had previously often worked seven days a week. This enabled them to have time off work and for the service to be managed safely by the staff team. The registered manager confirmed this had benefited them and had worked out well. We saw from the staff rota for March 2018 extra staff worked when there were certain community activities taking place and when there were days out or appointments. We saw the provider did not use external agency staff that would be unfamiliar with people's needs. Permanent staff covered annual leave and/or sickness to maintain the service and ensure people were safe.

The provider's procedures for recruiting staff included checks on their suitability, such as references from

previous employers, eligibility to work in the United Kingdom, identity and information from the Disclosure and Barring Service regarding any criminal records. The support worker we met confirmed they had an interview and all recruitment checks carried out before they started working with people using the service. The registered manager told us that staff were closely monitored through their induction and probation periods and that he met regularly with new staff if they had not worked in social care before to ensure they were settling in and that there were no problems. We saw evidence of these checks in the staff files we viewed.

People received their medicines as prescribed and in a safe way. Four people at the time of the inspection looked after their own medicines. They were given one week's supply and had suitable lockable storage space to ensure no-one else could access their medicines. One person told us, "I have my medicines and the staff check I have taken them." They also confirmed, "I know why I am taking them and what the side effects are."

Staff responsible for administering medicines received training in this. Their competency was assessed so that the registered manager was confident that staff understood their roles and responsibilities. One support worker explained how they knew any medicines given to people needed to be signed for on a medicines administration record (MARS) and that the amount needed to be checked so that they were certain everything was correct.

We checked two people's medicines and found the quantities tallied with the amount noted on the MARS. We saw for one person that they had taken the correct amount of medicines with them when they went to visit relatives but when they had recently returned from social leave they had their medicines with them, having not taken them. The registered manager confirmed they had made contact with the GP to check if this would affect the person, however, we could not see evidence of this contact. The registered manager explained the person's relative was reminded that the person needed to take their medicines and that a medicines review meeting was due to take place for this person shortly after the inspection. The registered manager told us the action taken if this occurred again would be clearly recorded so that it was evident what steps had been taken to minimise this happening.

People were protected by the prevention and control of infection. Staff received training on this subject. People, if required, were helped to keep their bedrooms clean. People told us they were responsible for making sure their bedrooms were tidy.

The provider had systems for learning and making improvements when things went wrong. Where there had been a theft in the service, the registered manager had taken action to help prevent reoccurrence. They had developed a monthly monitoring tool for each person so that they could easily monitor incidents and accidents for each person to help prevent these happening again.

## Is the service effective?

### Our findings

People's choices and needs were assessed in line with current legislation and good practice guidance. The provider undertook an assessment of people's needs before they moved to the service and these involved people in discussions about their care, support and any risks they faced. We saw evidence that people had been involved in discussions about their care and support.

People were supported by staff who had the appropriate skills and experience. The support worker we spoke with confirmed that they had gone through an induction process. This included shadowing more experienced staff members and a probation period to ensure they were suitable to support people using the service. New staff had completed the Care Certificate standards. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting.

Staff received training the provider had identified as mandatory. This included moving and handling, medicines administration, health and safety, infection control and food hygiene. They also undertook training specific to the needs of the people who used the service which included, mental health awareness and person centred care. A support worker told us, "The manager introduced me to different things and training to do my job."

People were supported by staff who were regularly supervised. A support worker described how they felt supported by the registered manager and staff team. They said, "The manager is always there, the good thing is we are a small team and the manager supports us a lot."

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. We checked whether the service was working within the principles of the MCA.

Consent was sought before support was offered and we saw evidence that people were consulted in all aspects of their care and support. People using the service were deemed to have capacity and no-one had restrictions in their daily lives. Staff received training in the MCA and demonstrated an understanding of the principles of the Act. A support worker explained how they helped people make daily choices about their lives and confirmed people "do everything they want to do."

People were supported with their healthcare needs. Mental and physical healthcare needs were well documented in individual care plans. These were reviewed regularly. There was evidence that people had appointments with their doctor and other healthcare professionals as needed. Some people chose to attend visits alone, whilst others consented to staff accompanying them. This was usually if there was



important information that the registered manager wanted to share with other professionals for the benefit of the person using the service.

The registered manager recognised the importance of nutrition and a healthy diet for people's wellbeing. People using the service told us they enjoyed the food they ate. One person explained, "I'm encouraged to make a meal, staff will help in sorting this out for me." Some of the people preferred to eat out in the community, whilst other people needed help with purchasing food to cook meals. The support worker knew each person's needs and who required assistance to prepare their meals. The meals people ate, where possible, were recorded by staff so that they could monitor what type of food people were eating and encouraged people to eat fresh and nutritious food. People were supported to plan their meals but often they would eat out and so staff did not always know what people were eating.

## Is the service caring?

### Our findings

People told us that the staff were kind and caring. They said they got on fine with them. Comments included, "Staff keep me company," "Staff will help in anything I need" and "Staff check all is ok with me which is nice."

During the inspection we saw staff engaged well with the people using the service, chatting with them in a friendly way. Staff responded to people wanting assistance in a positive manner. There was a happy and relaxed atmosphere throughout the inspection.

People were able to express their views and could share their personal histories with the staff team if they chose to. Some people had used the service for over a year and staff were familiar with how people wanted to be supported and how much help they needed. As this was a supported living service people had a tenancy and their rights were respected by the staff team. Staff knew there was a balance to be struck between their duty of care and enabling people to make decisions for themselves.

Each person was allocated a keyworker who provided them with one to one support and guidance. Meetings were arranged to help people make decisions about their lives and see where they might require additional assistance. One person said, "I am eating healthier and staff helped me set up online food shopping, which was something I wanted to have in place." A second person told us, "I meet with staff and can talk easily to them about anything."

The registered manager confirmed people did not have an advocate but were given details of advocacy services if they felt they required independent objective support. People could have help from their family and we saw one person chatted to a relative on the telephone to maintain contact and a relationship with them.

As people had various degrees of independence, staff could spend time with people on a one to one basis. Staff arranged to go out with people in the local community where people wanted this. The support people received was not rushed and we saw that the staff took their time offering people as much or little support as they asked for.

People using the service had capacity to make decisions about their care and support. People looked after their own personal care and some just required staff to prompt them with this task. People's rights for privacy was respected. Staff only entered people's rooms when they were allowed in. The support worker and registered manager spoke respectfully about the people they supported. They talked of valuing people and respecting their human rights and diverse needs.

There was a multi-cultural staff team who understood people's varied cultural needs and traditions and supported them in this respect. Staff asked people who used the service if they required anything in particular with regards to their faith and cultural beliefs. For example, one person had transport arranged for them to attend their preferred place of worship.

## Is the service responsive?

### Our findings

People's care plans covered their social and health care needs, including their medicines, personal care, mental and physical health and cultural needs. Information such as the name people preferred to be called and the specific support staff needed to give to people were noted. People confirmed they had seen their care plans and could contribute to them if they wanted to. The registered manager told us people could read and write and we saw people had signed indicating their agreement to the contents and that there was a section at the end of the care plan where people could give their views on how they wanted to be supported. The registered manager also confirmed that care plans and any other care related documents could be produced in large print or in a different language if this was required. The care plans were reviewed on an ongoing basis to ensure information was up to date and staff supported people effectively. Daily records provided staff with details on what people had done each day and if there were any problems.

We saw that when staff met with people during their keyworking meeting they looked at people engaging in meaningful activities and to avoid spending the majority of their time alone in their bedrooms. Staff recognised that each person had different interests and abilities and supported them according to their needs. One person was supported to attend an art class once a week. Day trips were also arranged throughout the year, based on where people wanted to visit. Some people had recently requested visiting a museum in London and plans would be made for this to take place. People we spoke with described going food shopping, seeing family or friends or playing board games in the service. Some people benefited from encouragement from the staff team to take part in activities. One person explained that they were pleased to be attending college once a week to learn new skills. Another person described carrying out daily chores in order to be able to move out and live alone.

The service had a policy and procedures for dealing with any concerns or complaints. Details of the service's complaints processes were provided to all the people who used the service. We saw from the February 2018 house meeting that people were reminded of the complaints policy and procedure. Those people we met with confirmed they knew what to do if they had a complaint. They told us, "If I had a complaint, I would talk with the manager" and "I would find staff to talk with if I had a concern." We saw evidence that the one complaint the registered manager had received had been noted and the complainant's concern had been addressed in a timely manner.

No one living at the service was being supported with a terminal illness at the time of the inspection. However, where people had any specific wishes that needed to be taken into account in the event of them dying we saw these were recorded. The registered manager confirmed they would be seeking training for staff on this subject so that they were informed and prepared on how to support someone towards the end of their life.

## Is the service well-led?

### Our findings

People commented positively about the service. Whilst another person told us, "The staff team are all helpful. They know what they are doing."

The support worker spoke favourably about the service. They commented that the registered manager was, "approachable." They also described how the staff team worked together and shared information. They explained, "There is good teamwork. We communicate with each other well. We have a handover and regular meetings." A social care professional echoed this and told us, "I have no concerns as I see the [registered manager] fully committed in looking after the clients." Staff were also supported through the monthly team meetings that were held. We saw that at the last meeting in February 2018 staff had taken part in a quiz to look at how well they listened, which was an important skill to have when working in the service. Staff also reflected on their practice and where improvements could have been made.

The provider gathered views on the service in various ways including, surveys that were given to people using the service, their relatives, staff and external professionals. This enabled them to receive feedback on how the service was running and make alterations where this was needed. One person using the service had noted "They [staff] are excellent." One professional had been complimentary about the service, recording that it was "A very good service and professional."

In addition, the provider had general compliments they had received about the service. A relative had said the service was, "Wonderful and a pleasure to visit." One professional had commented, "Staff are friendly, informative and knowledgeable." Monthly house meetings were also held so that people could raise any problems to staff and hear updates about the service.

The registered manager had many years' experience working with people with mental health needs. They had obtained a management qualification and was studying for a counselling qualification. They worked closely with the local authority, attending manager's forums and the community mental health teams to make sure they were up to date with good practice and local protocols. They also consulted the Care Quality Commission (CQC) website and Skills For Care, which is a social care organisation providing information and support to providers, registered managers and care staff.

The registered manager told us the aim of the service was for people to lead independent lives and this was promoted by the staff team. Where possible people were supported to move on to accommodation where they would usually live alone with minimal or no support from staff as they had gained the daily living skills they needed and were stable. They described helping a person to buy furniture for their new home and to prepare for living alone. A social care professional told us, "They [the staff team] installed back [person using the service] confidence and they have lived alone for ten months and are still doing well."

There continued to be effective systems in place to monitor the quality of the service provided to people. Audits included having a supervision tracker in place so that the registered manager could identify easily when staff required a formal meeting to support them. Other areas that were checked included, daily counts of medicines, to help ensure people safely received their medicines, people's care and risk records and

health and safety. These were up to date and indicated people were being supported appropriately.

The registered manager and staff team worked closely with a range of health and social care professionals, predominantly with the GP and the community mental health team. A social care professional confirmed that the registered manager "had good interpersonal skills and communicated when there was a need to do so." The registered manager or members from the staff team attended reviews with the community team so that any issues were shared with all relevant professionals.