Panacea Care Limited

Panacea Care

Inspection report

13 Wood End Green Lane
Hayes
Middlesex
UB3 2SB
Tel:0208 848 9201
Website: www.panaceacare.co.uk

Date of inspection visit: 9 and 10 February 2015
Date of publication: 31/03/2015

Ratings

Overall rating for this service	Requires Improvement
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?	Requires Improvement

Overall summary

Panacea Care specialises in providing care to people who have mental health needs. Currently the service is staffed seven days a week from 9am-5pm with on-call support for people after these hours. At the time of our inspection Panacea Care provided shared accommodation and support to nine people living in two houses at Wood End Green Lane and Pield Health Road. We visited Wood End Green Lane at this inspection where there were six people using the service.

Panacea Care is also registered as a domiciliary care service. This provides home care support to people who have mental health needs living in the community. At this inspection there were three people using this part of the service but they did not receive any support with personal care and so this was not inspected at this visit.

The last CQC inspection was carried out 10 April 2013. At that time, we found that all regulations we assessed were met.

Panacea Care 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

Summary of findings

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.

Staff received some areas of support in their work such as having one to one supervision meetings with the registered manager, however there was no formal process for an annual appraisal and refresher training had not been arranged or completed for staff in various subjects. For example, in fire safety and safeguarding adults from abuse which was relevant to their work.

The registered manager had not reported to the Care Quality Commission notifiable incidents and events. Therefore we had not been aware of any significant events that had occurred in the past 12 months to see what had taken place and action the registered manager had taken.

We found the service to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act 2005 (MCA) and there were no restrictions in place for people using the service.

Feedback from people about the staff was positive and people were satisfied with the level of support they received. People's views on the service were sought on a regular basis and they were involved in the development of their care plans which were regularly reviewed. People said they felt safe living in the service and told us they were confident to raise any concerns they had with the staff and registered manager.

Systems were in place to support people to take their medicines safely and independently where they were able to manage this task. Checks took place to make sure staff recorded when they administered medicines to people. Staff supported people to attend health and medical appointments, if they agreed to this support, and ensured that people received the medical care they needed when they were unwell.

Staff encouraged and supported people to undertake a range of activities, both individually and in groups. People were encouraged to develop daily living skills such as budgeting and cooking so that they could, if they felt able to, plan their move to their own accommodation.

There were systems in place to monitor the care and welfare of people and improve the quality of the service provided.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the (Registration) Regulations 2009 in relation to ensuring staff completed refresher training on subjects relevant to their roles and responsibilities carrying out effective audits on the service and the Care Quality Commission had not been informed of notifiable incidents and events.

You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

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. People said they were happy with the service and that they felt safe.

People were assessed and supported to manage their own medicines. Systems were in place to administer medicines to people safely where this was needed.

Risk assessments were in place for any identified areas of risk so that staff supported people safely.

Appropriate staff recruitment procedures were being followed and people confirmed there were enough staff available to meet their needs.

Is the service effective?

Requires Improvement

Some aspects of the service were not effective. Staff received regular one to one support at supervision meetings. However not all staff, including the registered manager, had completed training to provide them with the current skills and knowledge to support people effectively. A member of staff had also not received an annual appraisal of their work.

People's health needs were being met and appointments were recorded so that staff could monitor the outcome of people seeing healthcare professionals, such as a GP.

Staff understood people's rights to make choices about their care and support. There were no restrictions in place. Staff involved people in making decisions taking into consideration the requirements of the Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act 2005 (MCA).

People were supported to plan their meals, budget, purchase and prepare food that met their needs and dietary preferences.

Is the service caring?

Good

The service was caring. People said staff were friendly and approachable. We saw staff talking and listening to people in a caring and respectful manner.

People met with a member of staff each month and people's comments were taken into account and recorded. This enabled people to feel involved in the support they received and for staff to be aware of people's views.

Staff had a good understanding of people's support needs and enabled them to work towards their goals and aspirations.

Summary of findings

Is the service responsive?

The service was responsive. People's needs were assessed before they moved into the service. Care plans were in place and were individual about the person's needs and wishes.

People said they knew how to raise any concerns and were happy that these would be taken seriously and addressed. Information on making a complaint was available to people in the service.

Good

Is the service well-led?

Some aspects of the service were not well led. Records were kept of incidents and any action taken, however the registered manager had not notified the Commission when there had been a safeguarding allegation made and when there had been incidents involving the police.

The service had an open culture and people who used the service felt free to raise concerns and report any issues. The registered manager was visible and worked alongside staff to ensure people were supported appropriately.

There were some systems in place to monitor the quality of the service people received, but they did not identify all areas that required attention.

Requires Improvement

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 inspection took place on 9 and 10 February 2015 and was unannounced.

The inspection team consisted of a single inspector. We spoke with five people who were using the service, the registered manager, support worker (there was one support worker working full time alongside the registered manager) and a college student. We also received feedback from a community mental health nurse specialist.

We looked at two people's care records, staff duty rosters for February and March 2015, two staff recruitment files, quality monitoring records, training records, accidents and incidents and health and safety records.

Good

Is the service safe?

Our findings

People told us they felt safe in the service. Comments included, "I feel safe living here" and "I don't want to move out as I feel secure here." Another person said, "staff carry out checks to make sure the building is safe." Staff were aware of their responsibilities in relation to safeguarding. They were able to describe the action to take if they had suspicions of abuse. They confirmed they would report concerns to the registered manager or external agencies, such as the police. There were safeguarding policies and procedures in place, which provided staff with guidance on the actions to take if they identified any abuse.

Systems were in place if people did not want or were unable to budget their own money. One person told us, "staff help me try to save my money and not spend too much." The majority of people managed their own money; however where people needed support staff kept a record of people's money coming into the service and of any transactions made.

Care records we looked at included information about the risks to the person that had been identified and the plans that were in place to keep them safe whilst promoting their independence. Some people confirmed they had seen their care plans and the records we viewed had been signed by people to show their agreement to the contents. This included looking at risks to people's health needs such as managing their diabetes, and in relation to their behaviour and self- medicating.

There was an on-call system for people to use for staff support outside office hours, and staff and people who use the service told us this worked well. One person said, "I know I can call on staff after 5pm and this is reassuring to me."

People lived in a safe service as records showed that equipment such as the gas appliances, the fire alarm and emergency lighting systems had been checked and maintained at the required intervals. The last practice fire evacuation was held in October 2014. Various others checks were regularly taking place such as weekly tests of the fire alarm and daily fridge and freezer temperature checks. Any maintenance issues were recorded and signed off when they had been addressed to ensure there were no hazards for people using the service. We saw two fire doors propped open with rubber wedges. When we checked to see if these fire doors closed automatically they did not and therefore would not have prevented the spread of fire. The registered manager addressed this at the time of the inspection to ensure the doors closed safely.

There were enough staff available to ensure people were safe. One person told us, "There are always staff to talk with during the day if I need to chat through any problems." Another person said staff were "available" if they needed them. We viewed the February and March 2015 rotas. The registered manager worked during the week and at week-ends with a support worker who worked five days a week. Once a week the service also had a college student who supported people. At the second supported living service there were three people living in the shared accommodation with one member of staff supporting them. The registered manager had assessed people's needs prior to them moving into the service. For example, if they required more staff support such as 24 hours a day. People were independent and did not require staff to support them in going out into the community or to see family or friends. Where staff had identified if people needed to be accompanied to health appointments then these took place during the week. The service did not use agency staff to ensure people were supported by a small team of familiar staff.

The registered manager told us that the service had developed and more people were using the service therefore he would be recruiting additional staff.

Staff were subject to appropriate vetting procedures to ensure they were suitable people for their roles. Staff employment files had completed application forms and identification documents. Criminal record checks and disclosure had been carried out and two references had been obtained. We spoke with a member of staff who confirmed, that they had the necessary checks carried out before they started working in the service.

People's medicines were obtained, stored and administered appropriately and safely. One person who used the service told us, "Staff help me to take my tablets; I keep them in my room". Another person said, "I know what medicines I take and the side effects." Where people were assessed as able to self-medicate then they kept their own medicines for the week. People were supported to order and administer their own medicines when they could do so safely, otherwise staff provided this support. The Medicine Administration Records (MAR) we looked at for one person

Good

Is the service safe?

was completed correctly. Depending on people's needs medicines were checked weekly or twice weekly by the registered manager. One person's medicines were prescribed to be given at bedtime but were being administered by staff at 5pm. We saw written confirmation that this had been discussed and agreed with the community mental health team but not with the GP. This was addressed by the registered manager and he obtained a written record from the GP agreeing to the change in time and that this did not have any adverse effects on the person.

Requires Improvement

Is the service effective?

Our findings

People were happy with the staff who supported them with their daily living tasks but we did not receive comments on whether they felt staff were supported or were trained in their roles. The staff member we spoke with had obtained a National Vocational Qualification in health and social care and had worked with people with mental health needs prior to joining the service. However, they had not received an annual appraisal of their performance and they had worked for approximately 19 months in the service. Therefore they did not have the opportunity to formally reflect on their development, roles and responsibilities or set objectives for the next 12 months.

Furthermore, although new staff received an induction to the service which we saw evidence of and the registered manager was aware of the new Care Certificate that was being introduced for staff working in care from April 2015, refresher training had not been completed for all staff. The registered manager had not completed training in some subjects relevant to his work for over three years. Records showed training certificates for him in the safe handling of medicines was dated 2009, safeguarding adults from abuse was completed in 2004 and infection control 2008. The member of staff who worked in the service had last completed training in fire safety in 2011 and food hygiene in 2011. They had not completed refresher training in the safe handling of medicines in 2010 or had an assessment of their competence since they started working in the service in 2013.

Records showed that two of the four staff working in either the supported living service or domiciliary care service had completed training on the Mental Capacity Act 2005 and one staff member on the Deprivation of Liberty Safeguards (DoLS). The training record noted that the other staff members would be completing this in the next three to six months but there was no date recorded for when they would actually complete this. There was no evidence to show that the registered manager had identified that refresher training was overdue for himself and the member of staff who worked in the main supported living service. Even though the member of staff had a professional development plan for 2014 looking at the training they wanted or needed to complete this had not looked at the refresher training that would demonstrate they were able to carry out their role appropriately.

The above evidence relates to a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

One to one supervision was provided and the member of staff working in the service confirmed they received this from the registered manager each month. Records confirmed the last one took place in December 2014 and these covered a range of topics for example, any issues or concerns about the support provided to people and feedback on the staff member's work.

CQC is required by law to monitor the operation of the DoLS as well as compliance with the Mental Capacity Act 2005. DoLS provides a process to make sure that people were only deprived of their liberty in a safe and least restrictive way, when it is in their best interests and there is no other way to look after them. There was no one currently being deprived of their liberty in the service. People confirmed that they could come and go as they wanted and that they had keys to their bedroom and the front door. One person told us, "I tell staff if I am going to stay out overnight at friends and I am not stopped from leading my own life."

People commented positively on the choices they had whilst living in the service. One person said, "Staff listen to me and I can decide what I do." Staff told us they assumed everyone had capacity, unless proved otherwise. The registered manager had links with the professionals involved in people's lives for example the GP and psychiatrist. A community mental health professional told us the registered manager was, "always giving me feedback on progress (of the people using the service)." This helped to ensure people's human rights were recognised, respected and promoted.

People purchased their own food shopping and prepared their meals. One person said, "I have my own shelf in the fridge and a lockable cupboard for my food." Some people said they could not cook very well and staff would then assist them to prepare and make a meal. Cooking sessions also took place in the service. Staff recognised the difficulties in monitoring what people always ate as often people would eat in the community. We saw staff recorded, when they knew, the food people ate so that they could monitor if there were any issues. Staff weighed people monthly, which we saw records of, so that they could respond quickly and make the appropriate referrals if a person suddenly lost or gained weight. One member of

Requires Improvement

Is the service effective?

staff had developed a weekly menu that was for a person with diabetes, so that they could follow a healthy menu plan. Staff were aware of the need to balance enabling people to make daily choices for themselves and ensuring people were healthy and well. People's nutritional needs were recorded in their care records so staff knew if there were problems with supporting people to eat healthily and maintain a stable weight. The community mental health team would be contacted if people's needs and/or risks changed so that they could be assessed and supported effectively.

Health appointments were recorded along with outcomes so that staff could respond to any changes or issues with people's health needs. The majority of people attended health appointments without the support from staff. Staff respected people's right to privacy however, they supported those people who needed encouragement to attend health appointments to make sure they were checked and monitored by the relevant healthcare professional. The notes recorded when a person refused to attend an appointment and action staff took to encourage and assist people so that their health needs were addressed.

Good

Is the service caring?

Our findings

People were positive about staff attitudes and the support they received. Comments included, the staff were "helpful and understanding" and "staff are approachable." A mental health community professional told us "I believe that they (staff) treat the service users with respect and dignity." They also said staff were "friendly and always eager to help." We saw people coming to the registered manager and member of staff with no hesitation and staff interacted positively with people. They responded to them quickly if they had a query or needed money or their medicines. Staff were available to talk with people and spend time with them both in small groups or on a one to one basis.

People were involved in planning and reviewing their care and support needs. They told us they had a care plan and attended review keyworker meetings where they were able to discuss their progress. Action points were made during these monthly sessions so that people felt supported and guided by staff. One person commented, "it is good to talk each month with my keyworker so I can talk about how I feel." People also confirmed they had seen their care plans and we saw care records which detailed people's involvement in their care, for example individuals had signed their care plans and the review meetings.

People were given information about their tenancy. One person we asked confirmed they had a tenancy agreement. The care records viewed contained a copy of people's tenancy agreement which people had signed.

People told us that staff encouraged them to maintain relationships with family, friends and people that were important to them. One person told us they visited their family regularly whenever they wanted to. We saw a friend visit a person during the inspection and staff confirmed people saw friends and family as and when they felt able to either in the service or in the community. People were not currently accessing any advocates as people were able to communicate their needs and had the support from family members. The registered manager said people were aware of the local mental health advocacy services and the contact details were available in the service user's guide. Those people we asked said they had all the support they needed from family, friends and staff.

All the people we spoke with said they could decide how they spent their time. For example, one person told us they liked to go to the gym, and another told us they did not want to go to college and staff respected their decision. Staff understood the individual needs of people as some people required prompting and assistance with their personal care and taking care of their room, whilst other people needed minimal support. This showed us that staff listened to people, recognised people's interests and respected the decisions people made.

Good

Is the service responsive?

Our findings

People confirmed they had visited the service prior to moving in. They told us they had met with the registered manager who had assessed if they were ready to move into the supported living service. The pre-admission assessment looked at people's needs, such as their health and social needs, their abilities and the support they required.

Care plans were developed with people and their comments were included in these care plans. Care plans were produced which took into account people's capacity to make decisions. Each care file viewed contained key information such as next of kin and any medical conditions. The care plans recorded different aspects of the person's life including the emotional support they needed, personal care and independent living skills. The care plans recorded how much people could do for themselves. They also noted where staff needed to motivate or encourage people to do things with some staff supervision.

Care plans were reviewed each month or sooner if people's needs changed. The registered manager confirmed that when people were ready to move to their own accommodation an exit meeting with all the professionals involved in the person's life would be arranged to ensure there was a smooth transition. No one had moved to their own home since the service was registered in 2012 but staff were aware of their roles in helping people prepare for this as a future goal as and when they were ready to live alone. The registered manager was clear that for some people they might always need some form of staff support and that not all people would be able to live alone in their own homes.

People took part in various activities that suited their interests and personal preferences. One person told us they attended their preferred place of worship whenever they wanted, whilst another person said they enjoyed listening to the radio. Day trips and outings were offered for people if they wanted to take part and other in-house activities such as learning to use the computer were available for people. Staff also supported people if they wanted to find voluntary work or attend a college course.

All the people we spoke with confirmed they felt able and would raise any complaints with the registered manager. One person told us, "I feel able to make a complaint but I haven't had to so far." People were asked during their keyworker sessions if they had any concerns or complaints they wanted to raise so that they had the opportunity to express their views on a one to one basis. We saw the complaints procedure was displayed in the dining room and referred to in the service user's guide. The registered manager told us the service had not received any complaints. Records showed that none had been recorded.

Requires Improvement

Is the service well-led?

Our findings

People spoke positively about the registered manager. Comments included, "I am happy to talk with the manager about anything" and "I am asked for my views which is a good thing." Comments from the mental health community professional were positive about the registered manager. They told us he was "a very supportive and involved manager" and that "he takes advice or recommendations and acts on them." They also said the staff team reported any concerns about the people using the service immediately and they confirmed that "we have very good collaboration."

We found that there were systems in place to make sure that when safety incidents occurred they were reported by or to the registered manager. We saw that four notifiable incidents in the past 12 months which had involved the police had not been notified to the Care Quality Commission (CQC) as required. There had also been one safeguarding allegation made by a person in January 2014. The registered manager had recorded it and had discussions with the community mental health team but this had not been notified to CQC. Discussions with the registered manager clarified with him what were notifiable incidents for future reference so that we received information on incidents and events and considered what had occurred and the action the registered manager had taken.

The above issues show there was a breach of Regulation 18 of the Health and Social Care Act 2008 (Registration) Regulations 2009.

The registered manager undertook some checks and audits of various areas of service delivery, such as medicines audits, cleaning checks, health and safety checks and maintenance checks. Fire doors were checked as part of the monthly health and safety check although the previous check in January 2015 had not identified that there was an issue with the fire doors. Audits had also failed to identify and rectify issues with the training that staff had not completed and that a member of staff had not received their annual appraisal.

The evidence in the above paragraph demonstrated there was a lack of effective quality assurance systems and meant that there was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The registered manager involved people in different ways to obtain their views on the service. As it was a small service he was available daily for people to raise any issues or concerns. Each month house meetings were also held for people to hear news about the service. One person told us, "I attend the house meetings so I can hear what is going on in the house." Another individual said, "The house meetings are a two way conversation" and they confirmed they felt happy that they were asked to give feedback on the service. The last meeting had been held in December 2014 where Christmas events and chores in the service had been discussed. This enabled the registered manager to hear if there were areas within the service that needed to be addressed.

Satisfaction surveys had also been given to people in 2014. One person confirmed to us that they had completed a survey which they felt was good for their views to be asked. These were distributed annually so that the registered manager could hear formally what people had to comment on the service. Comments from people included, "I am happy with my room and the décor." The feedback from people had been positive with no recommendations for the registered manager to act on or improve. Feedback from staff in the January 2015 satisfaction surveys had also been positive. The registered manager was waiting to receive feedback from relatives who had also been sent surveys to complete. He confirmed that he would look at other ways to obtain their views so that he could be confident he had given people involved with the service an opportunity to contribute their ideas and views about the service and how it was run.

The registered manager and deputy manager had a background in working with people who have mental health needs. They both had obtained a diploma in health and social care. The registered manager confirmed he worked with the local college and mentored students who were studying social care courses. He told us that he kept up to date via care magazine subscriptions and using the various care websites, such as Skills for Care and CQC's.

The staff member told us the registered manager worked closely with them and that he provided guidance and

Requires Improvement

Is the service well-led?

support on an ongoing basis. They also said they could go to the registered manager if they had any new ideas on supporting the people using the service. They confirmed he observed care practices to make sure they were supporting people effectively. Staff meetings also took place with last one held in January 2015. These were held approximately every month for staff to hear news about the service and to ensure there was good communication between the team.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff **The registered person did not have suitable arrangements in place to ensure that persons employed for the purposes of carrying on the regulated activity received appropriate training and appraisal.** **Regulation 23 (1) (a)**

Regulated activity	Regulation
Personal care	Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents **The registered person must notify the Commission without delay of any abuse or allegation of abuse in relation to a service user and/or any incident which is reported to, or investigated by the police.** **Regulation 18 (2) (e) (f)**

Regulated activity	Regulation
Personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision **The registered person did not have an effective system in place to regularly assess and monitor the quality of the services provided and regularly identify, assess and manage the risks relating to the health, welfare and safety of service users.** **Regulation 10(1)(a)(b)**