

Pechiv Limited

Pechiv Care Services

Inspection report

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Website:

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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?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

This inspection took place on 5 February 2015. The inspection was announced. This was to ensure the registered manager was available to facilitate the inspection. The previous inspection of this service was carried out on 28 February 2014. The service was found to be meeting all of the standards inspected at that time.

This location is registered to provide personal care to people in their own homes. At the time of our inspection four people were receiving support from this service.

The service had a 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 provider had ensured that people were safe. People told us they felt safe with the staff who provided them with care and support.

People were satisfied that staff had the right competency to meet their needs. Staff received on-going training to meet the needs of people they supported. Not all staff we spoke with had received training on the Mental Capacity

Summary of findings

Act 2005 and Deprivation of Liberty Safeguards (DoLS). This legislation sets out how to proceed when people do not have capacity and what guidelines must be followed to ensure people's freedoms are not restricted.

Not all staff received formal supervision and staff did not have appraisals to monitor their performance and development needs. Staff told us they could request supervision when they needed it.

People told us staff were kind, caring and respectful to them when providing support and in their daily interactions with them. Staff promoted people's independence and people and their relatives told us that staff knew them well.

People received care that was responsive to their changing health needs. Staff responded quickly and professionally and ensured that people's changing health needs were met.

People were encouraged to comment on the service provided. However the provider could not demonstrate how feedback received influenced how the service was developed and improved.

Formal quality assurance systems were not in place to drive service improvements. It was not clear how the provider audited and checked records to ensure that staff followed people's care plan needs. The registered manager could not provide evidence that audits were completed to monitor and continuously improve service delivery.

Records showed that we, the Care Quality Commission (CQC), had been notified, as required by law, of all the incidents in the home that could affect the health, safety and welfare of people.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this 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?

The service was safe.

Staffing levels were adequate to ensure people received appropriate support to meet their needs.

Staff received training in safeguarding adults. Staff understood how to identify potential abuse and understood their responsibilities to report any concerns to the registered manager.

Recruitment records demonstrated there were systems in place to ensure the staff were suitable to work with people who used the service.

Good



Is the service effective?

The service was not consistently effective.

Staff had not received regular formal supervision and appraisals to monitor their performance and development needs.

People said staff had the knowledge, skills and support to enable them to provide effective care.

People had access to appropriate health professionals when required.

Requires Improvement



Is the service caring?

The service was caring.

People told us they were treated with respect and dignity by staff.

Care staff provided care with kindness and compassion. People could make choices about how they wanted to be supported and staff listened to what they had to say.

Good



Is the service responsive?

The service was not consistently responsive.

The provider had not recorded people's personal histories, likes and dislikes in their care plans. The care plans did not make it clear to staff how people would like to receive their care, treatment and support in a person-centred way.

People told us their individual needs had been consistently responded to by the provider.

People felt confident they could make a complaint if they needed to and that it would be dealt with by the provider.

Requires Improvement



Is the service well-led?

The service was not consistently well-led.

Requires Improvement



Summary of findings

People were encouraged to comment on the service provided. However, the provider could not demonstrate what action had been taken in light of people's feedback to develop and improve the service.

The provider could not demonstrate that audits took place to monitor and continuously improve service delivery.

Pechiv Care Services

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

The inspection was undertaken by one inspector.

We spoke with inspectors who had carried out previous inspections at this service. We checked the information we held about the service and the provider. We had received notifications from the provider as required by the Care Quality Commission (CQC).

On the day of our inspection we spoke with the registered manager. After the inspection we spoke with one person who used the service, two relatives of people who used the service and two staff members.

We looked at three people's care plans. We looked at three staff recruitment files and records relating to the management of the service.

Is the service safe?

Our findings

Everybody we spoke with said they felt safe with the care they or their relatives received. One relative said: "I have no concerns about safety." We asked people if there were enough staff to ensure people received calls as stated in their care plans. One person told us: "There has been one missed call recently, there was a misunderstanding. This was a one off. I usually get a phone call if the staff are going to be late." Relatives said: "Staff are usually on time, there have been no missed calls and staff will always call or text me to give me a rough time guide if they are going to be late" and "The carers are always punctual. There have been no missed calls."

The registered manager told us rotas were scheduled a week in advance to ensure there were enough staff to cover each call. There was also one extra member of staff on standby to cover care calls in the event of staff absence. This was either a member of care staff or a manager.

We saw the provider had policies and procedures in place for dealing with any allegations of abuse. The staff we spoke with demonstrated they understood about different forms of abuse, how to identify abuse and how to report it. One staff member told us: "If I had any safeguarding concerns I would report them to the manager and to the Local Authority."

The registered manager told us she had completed training to enable her to provide training in areas such as safeguarding adults. Staff told us they had completed training in safeguarding vulnerable adults. We looked at the service user guide the provider gave to people when they joined the service. This provided details on the service people could expect to receive and signposted people to other services. We found the service user guide did not provide people with information on what to do if they wanted to report safeguarding concerns. We discussed this with the registered manager and she told us she would address this.

During our inspection we looked at care records which contained risks assessments and the actions necessary to reduce the identified risks for each person. We found that they contained information on people's health and social care needs. We saw risk assessments were reviewed regularly or when people's needs changed.

We looked at one person's care plan and saw they needed support of two members of staff to mobilise with a hoist. The registered manager told us the person specifically requested one care staff member only. This decision had been discussed with the person to ensure they understood the potential risks of this decision. The person had signed a form to demonstrate they consented to this decision and had signed a disclaimer form to accept liability for this. The registered manager told us that the person lived with their family who were available to provide additional support to the person.

Where people needed specialist equipment, the provider completed a risk assessment for this. Care plans recorded how staff should use equipment safely. Staff had completed training and were observed by managers carrying out moving and handling tasks to ensure they could support people safely. In one person's care plan the provider had reviewed manual handling equipment every six months to ensure it was safe to use. This meant that the provider intended to protect people who used the service against receiving unsafe care and support.

We asked staff what they did in the event of an incident to promote people's safety. One staff member told us: "When incidents happen. We complete a form and report to the manager. We follow this up with the client and depending on the issue contact the district nurse or other professionals."

Staff records we looked at contained two references and criminal records checks for each member of staff. This was intended to ensure people recruited were suitable to work with people who used the service. The provider had completed a telephone call reference for one staff member. Although this was recorded the document had no date and was not signed by the registered manager. The registered manager told us that they would ensure references were dated and signed for future recruitment purposes.

We looked at how medicines were managed at the service. Staff told us: "I administer medicine to one person. We check their records each time we go to their home to ensure that the person has had their medication. One member of staff made an error once and gave the person the wrong day's medication. The person reported this to the manager straight away and recorded this in the person's daily communication book. This ensured that the next day the previous day's medicine was given (as it was

Is the service safe?

the same dose)” and “I prompt people with medicine and record this in medical record sheets provided at people’s homes. I am not aware of any issues or incidents with people’s medicines.”

The registered manager told us people were supported to take medicine and were prompted where required. The provider followed relevant professional guidance about the management and review of medicines. We could not check whether staff had accurately recorded support they

provided to people with their medicine as there was no records at the office on the day of our inspection. After the inspection the registered manager sent us daily records for one person, which demonstrated that staff supported this person to take their medicine. We checked whether staff had received training in supporting people to take medicines. We saw that staff had attended training and received a certificate to demonstrate that they had completed the course.

Is the service effective?

Our findings

We checked to see whether staff had effective support to carry out their roles and responsibilities. The registered manager told us supervision and spot checks were completed but these were not always recorded. The provider could not demonstrate these meetings took place and that any actions identified at these meetings were addressed to support staff to meet their performance and development needs.

One staff member told us: “If you need supervision you can book a meeting. Since joining the agency in January 2015, I have had one supervision meeting and two staff meetings. I am not aware of appraisals taking place. The manager is accessible, I can call them if I need them.”

Not all staff we spoke with had received training on the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). This legislation sets out how to proceed when people do not have capacity and what guidelines must be followed to ensure people’s freedoms are not restricted.

The staff training records we looked at did not contain the date when staff had received the training. The registered manager told us that staff had not received yearly appraisals of their performance and development needs.

These issues were a breach of Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010: Supporting Workers.

People we spoke with were happy with the skills and effectiveness of staff. We asked people whether they thought the staff had the skills and training to manage their needs effectively. People told us: “The staff seem trained up to me. We work well together” and “I think the staff are trained sufficiently”.

Staff we spoke with were happy with the training available to them. Staff told us they had completed an induction before working at the service. This included training in safe moving and handling, fire, health and safety, and infection control. This ensured that staff had met the basic training requirements of their role.

Staff told us: “I am doing level 5 management training. I have had safeguarding training and moving and handling training. This involved theory and practical work. I was given a training certificate and then was able to go to

people’s homes as part of my induction” and “I have enough training. I completed an induction. I looked at company policies and procedures, the complaints process and client needs. I completed moving and handling and safeguarding training to provide safe care to people.”

Despite staff not having received training in the MCA the description they gave of how they would support people who lacked capacity was in line with the MCA. One member of staff told us: “I have not completed training in MCA. Where people have dementia for example I would work with the family and involve the staff in discussions about decisions. On one occasion someone was declining personal care. I tried to encourage them to have a wash, but they still declined. I contacted the person’s daughter and they came to give them some reassurance. This helped the person to accept support.” Another staff member told us: “I watched a DVD on the MCA. This talked about when people might not have capacity to make decisions. If this was the case with someone I supported I would report this to the office and if it was a medical decision I would report this to the person’s GP.”

We checked to see whether people were supported to maintain good health. We found that the provider supported the day-to-day health needs of people they visited. Staff had training to provide the specialist care that people required. One relative told us: “[My relative] has sensitive skin. District nurses visited regularly last year and then they trained the staff to apply dressings. The staff take photos of the skin to check progress and call me in when needed. We work well together.”

People told us they had access to health care professionals when they needed them. One person told us: “One time I was taken ill and the staff stayed with me until the ambulance arrived. They were efficient. They would not leave you.” Staff told us: “When people are not well we report concerns to the GP. One person I support looked pale on one occasion. I know this person well. I contacted the GP and they did a home visit and the person was given medication to help them” and “One time I was off duty and I was called to attend to someone I regularly support. The GP was there on a home visit and needed information from me to inform skin care support for this person. I gave professionals the information they needed and I ensure that I follow the guidelines they provided.”

Is the service effective?

People's care plans included information about their general health. Staff we spoke with told us they felt confident they had information and skills to provide effective support and knew who to contact should any concerns arise.

We checked to see whether the provider obtained consent from people before providing care and treatment. People told us they were involved in decisions made about the care and support they received. One staff member told us: "We come to an agreement after making a care plan together. The client then signs to say that they are happy with what has been agreed."

We asked people how they were supported to get sufficient food and drink to maintain their well-being. One relative told us: "At lunchtime staff feed [my relative]. They support them into the kitchen and they don't rush them. They record what they had to eat and drink. Staff understand what food [my relative] likes to eat." Staff told us: "We support one person to eat and drink as they are unable to use their hands. We record what they have had to eat and drink and monitor that they are eating enough food. We monitor this for them" and: "I know what food and drink people like because it is clearly documented in people's care plans."

Is the service caring?

Our findings

People and their relatives told us staff were kind and caring. They told us they had developed good relationships with staff. One person told us: "I am very happy with the staff. They are very caring." Relatives told us: "[My relative] gets on well with the carers. They have a consistent group of carers. One of the carers sings old songs to them when they go to bed, which they really like" and: "The care has been extremely good. Care delivery is very professional, respectful, punctual and reliable."

People and their relatives told us that staff knew people well. Relatives told us: "[My relative's] preferences are met. Staff spend a lot of time with them" and "Staff are aware of what [my relative] can do for themselves". One staff member told us: "I know people well so I know their personal histories. I get information from the person's care plan and from working with their families. I use this information to give good quality care. For example there is one person I support who has dementia and they forget who I am. When I visit them I talk about their bungalow and their husband and they feel reassured by this."

We checked to see whether people were involved in making decisions about their care. One person told us: "I am involved in making decisions about my care. I have a care plan, but I am not sure of what is written in it. Staff meet my preferences. When there are new staff I need to explain to them what I want." One relative told us: "I am involved in care planning for [my relative]. I write information on communication sheets and give staff

reminders. We work tightly together as a small team. I was involved in creating the care plan. I went over everything in fine detail with a manager. Everything is done to the letter. There is good communication. We have care reviews a couple of times a year." One member of staff told us: "We involve people and their families in care planning. We come to an agreement after making a care plan together. We complete reviews every three months."

We asked people whether their privacy and dignity was respected by staff. One person told us: "The staff are respectful to me." One relative told us: "They treat [my relative] with respect. They greet them by their name which they prefer."

Staff we spoke with told us they treated people with dignity and respect. Staff told us: "I ensure that I respect people and maintain their dignity. I am in their homes. They need to make their own choices and be in charge of what is happening" and "I respect people and maintain their dignity. One example of this is that I respect people's confidentiality and only share information with the office when required."

The provider promoted people's independence and enabled people to be as independent as they wanted to be. One person told us: "Staff promote my independence." One relative told us: "They promote [my relative's] independence. They encourage them to clean their teeth and give them a comb for their hair and do physiotherapy exercises with them". In care plans we looked at we could see that where people were independent with certain tasks, this was clearly recorded in their care plans.

Is the service responsive?

Our findings

People and relatives told us they were satisfied that staff provided care to people that met their individual needs. In one person's care plan we saw how the provider assessed the person's independence levels. The person's sensory needs had been recorded and staff were advised to speak loudly and clearly to ensure the person could hear them.

People and relatives we spoke with told us that staff knew them well and understood their needs. They said this was because it was a small service and care was provided by a consistent team of staff.

We checked to see how the provider supported people to follow their interests and take part in social activities. One relative told us: "Staff spend a lot of time with them. Staff keep them active playing games, reading and taking them out." One relative told us: "They [staff] sing old songs to [my relative] which they like to sing along with."

The registered manager told us that people's care needs were reviewed regularly or when people's needs changed. We looked at care plans and saw that they had been regularly reviewed. Everybody we spoke with told us they were involved in planning their care or their relative's care.

We could not find evidence in people's care plans about people's personal histories, likes and dislikes. The care plans did not make it clear to staff and potentially new staff recruited, how people would like to receive their care, treatment and support in a person-centred way.

In one of the care plans we looked at, we could not find recorded evidence that the person had been involved in decisions made about the care and treatment they

received. We could not be sure the person had agreed to their care. The registered manager said that care plans were completed with people present and their consent was sought. She told she would look into this case.

We asked the provider to demonstrate how planned care was provided to people when and where they needed it. The registered manager sent us daily communication notes for one person after the inspection to demonstrate this. This person was assessed as having fragile skin on their ankle. We saw through daily notes recorded that care staff followed guidelines to regularly apply cream to the area and monitored the condition of the person's skin. Staff regularly dressed the person's skin and recorded that the skin around the ankle had improved. Communication notes provided a useful means of communication between the family and care staff to support the person's individual needs. This was confirmed by the person's relative who we spoke with after the inspection.

The complaints policy was available to explain how people could make a complaint. No complaints had been reported since the last inspection. The registered manager showed us a complaints log and told us how complaints would be managed. People told us they were confident they could express any concerns. One person told us: "If I am not happy about something I speak with one of the managers. They ask for my feedback. I have no complaints." Another person said: "The only thing is that because the company is so small I don't have calls always at the time I want. They have tried to resolve this. It is difficult because they don't have a lot of additional staff for this. However when I need to attend an appointment they make sure they come before this in the mornings." Relatives told us: "If I needed to report concerns I would go the agency first and then to social services if I had to. As yet I have not had to report any concerns" and "I have not needed to make a complaint."

Is the service well-led?

Our findings

We asked people if they were actively involved in developing the service. One person told us: "I have not completed any surveys." One relative told us: "I complete surveys. I don't know if there have been any changes as a result of surveys." One member of staff told us: "We complete surveys with people to get feedback about the service. We got some feedback that people tended to run out of communication paper records. To resolve this we ensured that people had supplies kept in their homes so that it was less likely this would run out."

The provider obtained feedback from people who used the service through surveys about how the service was run. The registered manager told us the last survey was completed in November 2014. Not all surveys had been dated so it was unclear when the provider received feedback from people. The registered manager could not demonstrate what action had been taken to improve service delivery in light of feedback received.

The provider could not demonstrate that there were formal systems in place to monitor the quality of care provided. The provider had not ensured that records such as daily communication records and healthcare visit records were available on the day of our inspection. For one person we found no records of visits and communication sheets since 18 May 2014, fluid chart records since 12 January 2014 and continence charts since 20 December 2013 at the office. We could not review rota records on the day of our inspection as they were not available at the office to ensure people received calls as required in their care plans. The provider could not demonstrate how they audited and checked records to ensure that staff followed people's care plans.

One staff member told us: "I report incidents and complaints to the office. I don't always know what happens to this information and what is learned from this." The provider could not demonstrate how concerns and complaints reported were used as an opportunity for learning and development and how this resulted in improved service delivery.

The registered manager told us the service had plans to expand in numbers and to work with people with learning disabilities. They planned to develop IT systems at the

service to improve audit processes and develop more robust records and database systems. The provider could not provide records of future management plans on how they planned to improve the service.

The provider told us they informed staff of any changes occurring at the service and policy changes through staff meetings. Staff told us there was an open door policy and they could talk to the registered manager if they had any concerns or issues to raise. The registered manager told us that she had informal staff meetings 'all the time' as managers were actively involved in providing care delivery, so there was less time for formalised meetings. Minutes from staff meetings were not always documented to demonstrate what was discussed at these meetings or how frequently they were taking place. After the inspection the registered manager sent us two recorded staff meeting minutes which took place on 28 March 2014 and 10 October 2014. The records contained limited information to demonstrate discussions held. One agenda item was to discuss client issues. No information had been recorded in this area. The provider could not demonstrate how meetings supported improved outcomes for people who used the service or how staff were actively involved in developing the service.

The issues were a breach of Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010.

We talked with staff about how they would raise concerns about risks to people and poor practice in the service. Staff told us they were aware of the whistle blowing procedure and they would not hesitate to report any concerns they had about care practices.

The registered manager told us the philosophy of the organisation was about promoting one to one relationships with people who used the service whilst maintaining professional boundaries. The company's logo promoted the provider's values of choice, equality and dignity for people who used the service. She told us they had established good communication with people and their relatives through telephone calls and emails and knew people well due to the small size of the service. People confirmed staff knew them and their needs well, ensured they maintained their independence and had established positive relationships with staff. One staff

Is the service well-led?

member told us what the vision and values of the service represented: “That people are happy with what we are doing and that they can continue to stay in their homes and be independent.”

We have been informed of reportable incidents as required under the Health and Social Care Act 2008 and the registered manager demonstrated she was aware of when we should be made aware of events and the responsibilities of being a registered manager.

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	<p>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision</p> <p>10.—(1) The registered person had not protected service users, and others who may be at risk, against the risks of inappropriate or unsafe care and treatment, by means of the effective operation of systems designed to enable the registered person to—</p> <p>(a) regularly assess and monitor the quality of the services provided in the carrying on of the regulated activity against the requirements set out in this Part of these Regulations; and</p> <p>(b) identify, assess and manage risks relating to the health, welfare and safety of service users and others who may be at risk from the carrying on of the regulated activity.</p> <p>(c) where necessary, make changes to the treatment or care provided in order to reflect information, of which it is reasonable to expect that a registered person should be aware, relating to—</p> <p>(i) the analysis of incidents that resulted in, or had the potential to result in, harm to a service user.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff</p> <p>23.—(1) The registered person did not have suitable arrangements in place in order to ensure that persons employed for the purposes of carrying on the regulated activity are appropriately supported in relation to their responsibilities, to enable them to deliver care and treatment to service users safely and to an appropriate standard, including by—</p>

This section is primarily information for the provider

Action we have told the provider to take

(a) receiving appropriate training, professional development, supervision and appraisal.