

Mrs Katy Allen

Pentowan Home Care

Inspection report

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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

Pentowan Domiciliary Care Agency (DCA) provides support to people in their own homes in the Newquay, St Columb, Padstow, Camborne and Redruth areas of Cornwall. These included people living with dementia, older people, people with a physical disability and people with a learning disability. At the time of our inspection Pentowan DCA was providing support for up to one hundred and ninety people.

The service was previously inspected in March 2014 when it was found to comply with the requirements of regulations.

The registered person was in day to day control of the agency. There was no condition to employ a registered manager. 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.

There were systems in place to ensure the safe administration of medicines. However in one instance the list of medicines delivered from the pharmacist did not tally against the agencies own record of medicines for this person. When the registered person was made aware of this issue they acted immediately to ensure all medicines were up to date in each persons home where staff were responsible for administering medicines.

There were sufficient numbers of staff available to make sure people's needs were met. Care workers had regular schedules of calls so that people received care from a consistent staff team wherever possible. Staff were visiting the office to collect their weekly rota. They told us, "It's a good system to get the rotas in advance so we know what we are doing. Most of the calls are regular. It works well especially when we double up". A person using the service told us, "They (staff) do get behind sometimes but we always get a call to tell us why and when they will be due to call".

People confirmed care workers respected their privacy and dignity. Staff had a firm understanding of respecting people within their own home and providing them with choice and control. The agency had identified people's needs and preferences in order to plan and deliver their care. Mechanisms were in place to review people's packages of care and care plans to ensure the level of support was still meeting their care needs. Comments from people included, "Staff are very nice they are all excellent" and "They (staff) always make sure the door is closed and curtains are closed when they provide care for (name of person). All very respectful".

Staff received training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to meet people's care and support needs. Staff said, "They (agency) make sure we get all the training we need. Just done moving and handling which is focused on working in people's homes. It gives us a true picture of the problems in moving equipment around and make sure it's safe". Some people using the service were living with dementia. Staff had access to training in dementia care which they said had helped them to understand the condition better. A person told us staff were very kind and patient when supporting their relative who was living with a dementia condition.

Staff told us they were supported by the managers and the on- call arrangements provided people and staff with appropriate support when the service was closed.

Systems were in place to protect people from abuse and harm and staff knew how to use the procedures. Staff understood the needs of the people they were supporting and had received training on safeguarding adults. People commented they felt safe with care workers entering their home. One person said, "(person's name) has the same staff so we feel very safe. If there is a change the office always rings and lets us know".

People were protected by recruitment procedures and new care workers had induction training which included shadowing more experienced care workers, until they were competent to work on their own. Care workers had core training and more specialist training, so they had the skills and knowledge to meet people's needs.

Audit systems were in place to monitor and manage how care and support was being delivered and took account of accidents and incidents, as well concerns and complaints. These systems acted as early indicators of themes or trends which might affect individuals using the service or staff supporting people.

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. There were systems in place to enable staff to support people with their medicines safely.

The provider had policies and procedures in place to make sure people were protected from abuse and harm. Care workers demonstrated they could apply the training they received in how to recognise and report abuse.

There were sufficient care staff available to meet people's needs and provide planned care visits.

Is the service effective?

Good ●

The service was effective. People received support from a stable staff team who understood their needs.

Staff were provided with effective training and support to ensure they had the necessary skills and knowledge to meet people's specialist needs effectively.

People were supported with their health and dietary needs.

Is the service caring?

Good ●

The service was caring. People told us staff were caring in their approach.

Staff were enthusiastic about the care and support that they gave to people and their desire to provide a good quality service.

Staff demonstrated a good awareness of how they should respect people's choices and ensure their privacy and dignity was maintained.

Is the service responsive?

Good ●

The service was responsive. There were systems in place to help ensure staff were kept up to date when people's needs changed.

People's care plans were detailed, personalised, and included

sufficient information to enable staff to meet their individual needs.

There was a complaints policy in place which people had access to. No complaints had been raised recently.

Is the service well-led?

Good ●

The service was well led. Staff were supported by their manager. There was open communication within the staff team and staff felt comfortable discussing any concerns with their manager.

The manager regularly checked the quality of the service provided and made sure people were happy with the service they received.

Systems were in place to monitor how the service operated.

Pentowan Home 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 checked 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 6 January 2016 and was announced. The provider was given short notice because the location provides a domiciliary care service. We needed to be sure that someone would be available. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we reviewed the Provider Information Record (PIR) and previous inspection reports. 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. We also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

We reviewed a range of records about people's care, support and how the domiciliary care agency was managed. These included care records, medicine administration records (MAR) sheets incident reports and other records relating to the management of the domiciliary care agency. We also reviewed three staff training, support and employment records, quality assurance audits and a range of policies and procedures used by the service.

During the inspection we met and visited three people in their own homes; spoke with seven people using the service, six people's relatives, six members of care staff, a care coordinator, office manager and the registered provider. We also received responses from three professionals who regularly advised and worked with the service. In addition we observed staff supporting a person during our visit to people's homes.

Is the service safe?

Our findings

People told us they felt safe whilst receiving care and support from the service. Comments included, "(Staff names) are angels. They are so kind and yes we do feel very safe when they visit" and "We feel very safe. They (staff) have a key pad to come in and always make sure the key is put back when they leave". Staff members told us, "its important people feel confident in us. That's why we always build up their confidence by talking and reassuring them. I think we do a good job in making them feel safe".

Procedures were in place for assisting people with their medicines. Staff told us they felt confident in making sure people who needed support received their medicines safely. One said, "(Medication) training is seen as important so that we (staff) all feel confident if we have to help people with tablets". Training records showed staff had undertaken medicine training. There were policies and procedures in place related to supporting people with medicines in their own homes. However one record seen in a person's home did not match the medicines listed in the blister pack containing medication from the pharmacist. When we spoke with the registered provider about this they told us an immediate review would take place and staff would be reminded to ensure all medication listed was accurate.

There were enough care workers to meet people's needs. Rotas were planned on a weekly basis and staff were informed of their shifts in advance. A member of the office team told us, "On a weekly basis, we schedule the care calls. Most people have set care calls each week. We monitor daily to take account of sickness and changes for example if somebody goes into hospital". Staff hours were collated weekly. This enabled the provider to monitor how many hours of care were being delivered.

People's satisfaction with staffing levels was generally good. Comments included, "They (Staff) arrive on time when they can. Depends on weather and traffic" and "Staff are very good and try to be flexible. If they are needed early they try to come. If we are not doing anything and I would like a lie in the carers delay coming". People said they generally had regular carers who were familiar with their needs.

Staff told us their rotas allowed for realistic travel time, which meant they could arrive at people's homes at the agreed times. If they were delayed, because of traffic or needing to stay longer at their previous visit, office staff would always let people know or find a replacement care worker if necessary. One care worker told us, "If delayed I phone the office at once and they can fill in the call to make sure it's not missed".

Pentowan DCA used a call monitoring system where staff reported their arrival and departure from each care visit by telephone. This meant visits could be monitored by management. If staff were running late or unable to attend, there was a 'call in' system. On the day of our inspection visit all planned care visits had been provided and were running to schedule. A staff member we spoke with told us the system worked very well. People told us, "If they (staff) are late we always get a call from the office. It puts our mind at rest so long as we know what's going on" and "Staff have been late once or twice but the office rang to let us know".

Assessments were carried out to identify any risks to the person using the service and to the staff supporting

them. This included any environmental risks in people's homes and any risks in relation to the care and support needs of the person. For example, some people had restricted mobility. Information was provided to staff about how to support them, when moving around their home and transferring in and out of chairs and their bed. When we visited a person's home we observed staff were equipped with the necessary hoisting equipment to support the person. Staff told us they received training to safely use equipment where it was required. A staff member said, "We have very specific training in how to use equipment in people's homes. It's so different from a care home because you don't usually have the same amount of space to work in".

Care workers recognised the importance of leaving people's property secure at the end of a care call. People expressed confidence in care workers always leaving their property safe and secure. On-call support was always available and a staff member told us, "There is always someone at the end of the phone if we need them. I have used it on a few occasions and got the support I needed".

Accidents and incidents were recorded so any patterns or trends could be identified and action taken to reduce the risk of occurrence. Staff explained when it would be necessary to record incidents and what action they would take in these circumstances. One staff member told us, "We make sure we record everything when it happens and feed back to the manager".

There were safe recruitment and selection processes in place. Staff had completed application forms and interviews had been undertaken. In addition, pre-employment checks were done, which included references from previous employers and Disclosure and Barring Service (DBS) checks completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

People told us they felt safe with care staff and "trusted" them. People were protected from the risk of abuse and harm. Care workers had received training in how to identify and report abuse. Staff told us they would have no hesitation in raising any concerns with the provider and were confident the provider would take appropriate action. Staff were aware of the process to follow should they be concerned or have suspicions someone may be at risk of abuse.

Is the service effective?

Our findings

People and their relatives felt confident in the skills of the care workers. One person told us, "My daughter shops and puts the food in the freezer. The staff cook the food for me. The staff ask me what I want' 'I tell the staff what I want them to cook" and "They are all very good and look after me well". People commented they were supported by care workers who were familiar with their needs and preferences and knew them well. One person told us, "I look forward to (staff name) coming in every day with a smile on their face. It brightens my day up".

Staff completed an induction when they commenced employment. The service had introduced a new induction programme which corresponded with the standards required by the Care Certificate framework which replaced the Common Induction Standards with effect from 1 April 2015. New employees were required to go through an induction which included training identified as necessary for the service, familiarisation with the service and the organisation's policies and procedures. Induction training included shadowing and observing experienced members of staff in individual care settings. Regular 'spot checks' took place to ensure staff understood and met the criteria of their role. A member of staff told us, "I have worked for a number of agencies but found the induction here to be very thorough".

The agency recognised a trained workforce as an essential component in ensuring an effective staff team. There was a range of training courses relevant to meeting the needs of people using the service. They included, safeguarding adults, moving and handling, infection control and health and safety. There were additional focused training available for example supporting people living with dementia. Training was provided through a variety of practical training and DVDs. To assess care workers competency and understanding of training undertaken, the provider provided questionnaires following each training session. These assessed the care worker's knowledge and understanding. Staff files contained an individual training matrix which showed what training had been completed and certificates showing dates when they were undertaken. The office manager regularly reviewed training records so staff were prompted to update courses when necessary. A staff member told us, "There is no way we miss courses. They (management) are very keen to keep us all updated". Staff told us they felt they had received a good range of training including specific training relevant to the people they supported. People told us they considered their care workers to be competent.

The registered manager told us they used a combination of unannounced 'spot check' observations and formal one to one supervision meetings in order to support staff and help ensure they were carrying out their roles effectively. Individual appraisal notes detailed issues discussed and actions taken if necessary. Appraisal records showed how staff were being supported to access specific training. For example a staff member had requested first aid training. This had been provided within a few months of the appraisal meeting. This showed the service was ensuring staff had the necessary skills and competences to support people.

Care records demonstrated Pentowan worked collaboratively with other health and social care services to ensure people's care needs were met. People had been supported to access a range of health professionals.

These included GP's, social workers and district nursing teams when required. Professionals told us they were generally satisfied with communication between the service and themselves.

The registered provider and the staff were aware of the Mental Capacity Act 2005 (MCA). People can only be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Pentowan Home Care is a domiciliary care agency and therefore whilst the staff team had the knowledge and skills to interpret what restrictive practice meant, staff worked with other professional agencies where conditions on authorisations to deprive a person of their liberty were in place.

A care worker told us that if they had any concerns regarding a person's ability to make a decision they informed the office manager for them to pass the information onto the doctor or local authority to ensure appropriate capacity assessments were undertaken.

People were supported at mealtimes to access food and drink of their choice. In some instances staff reheated ready prepared meals but in some instances they ordered food on behalf of people. People's care plans included guidance for staff on the support each person required in relation to food and drinks. Daily care records included details of the food and drinks people had been given during each care visit. Staff had received training in food safety and were aware of safe food handling practices.

Is the service caring?

Our findings

People consistently told us their staff were caring and respectful. People said; "I am happy with the care I get", "Staff are very nice they are all excellent". Also, "I don't know what I would do without them. They (staff) are very kind and patient". Staff said; "I wouldn't work here if I didn't want to care for people. It is a very rewarding job" and "We (staff) usually have the time to provide the care people need. It's not rushed and we always have time for a chat and a laugh with clients".

During visits to people's homes we found that care workers respected people's homes and the right for them to do things for themselves when they wanted to. Care workers did not go into people's homes unless there was someone in. While we were visiting one person at their home staff arrived to support the person. Staff were respectful and engaged with the person and their relative in a kind and sensitive manner. It was clear the person receiving the support knew the staff well, with plenty of friendly chatter being exchanged. Staff ensured the person was happy for them to carry personal care and ensured doors and curtains were closed. Relatives confirmed that "care workers always go the extra mile". One relative told us, "They've popped in before when passing just to say a quick hello and make sure we are OK".

People reported that staff treated them with respect and dignity while providing care and support. Peoples' comments included, "It's a small space the girls have to work with, but they (staff) always make sure the doors are closed when (person's name) is (receiving personal care)".

Staff including office staff, managers had developed caring relationships with the people who they supported. During the office visit staff were speaking with people by telephone. It was obvious they knew the people who rang with various queries. Staff took time to listen to people and respond to them. Where answers were not instantly available staff promised to call back when the information was found. This occurred on two occasions during the visit. A relative told us, "Whenever I have to ring the office they (staff) always get back to me with an answer".

Visit schedules were provided to staff each week. People valued their visit schedules as it meant they knew who their next carer would be and when they were due to arrive. One person commented, "We like to get the same carer and that usually happens. If there is a problem they always let us know and tell us if it is somebody different".

Staff told us they enjoyed their work and liked to see people getting the support they needed. They said they enjoyed visiting people, especially those who were more socially isolated. One care worker commented; "Some people only see us (agency staff) in a day, so they like to have a good chat. I think the care we give is important to them".

Care plans were being reviewed and updated. Care plans included guidance for staff on how to support people in how their care should be delivered. Staff described different techniques they used to support people to make decisions and how they respected people's choices. One staff member told us, "We generally have the time to support people and listen to them. One client recently asked us (staff) to move

things around in their bedroom so they could get about more easily, it also helped us out as well". The recently reviewed records showed peoples involvement in care planning and review.

Before our inspection visit we received information from external agencies about the service. Links with these external agencies were good and we received some positive feedback from them about the care being provided. They told us they were satisfied with the care and support people received.

Is the service responsive?

Our findings

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised and responsive service. Staff said, "There are often changes which mean we have to respond to issues which were not planned for. The office let us know very quickly when this happens" and "Some people need to have their care and support delivered in a very specific way because of their needs. We (staff) make sure that happens so they are not stressed at all".

Care plans included records of the initial care assessment and information provided by the local authority in relation to people's needs. Each care plan outlined the number of visits required and the specific timing and length of visit alongside a description of the care to be provided.

The service worked collaboratively with people's relatives and commissioners of care to ensure care needs were met. Staff told us, "Relatives are key in telling us about what's happening" and "We (staff) often see relatives can be getting stressed and we always feed that back to the office so they can have a look at things". Care plans showed where additional support had been put in place, including increasing the length of care visits and responding to changes in people's care needs. One relative who lived some distance away, told us they frequently spoke with the registered manager to discuss how their relatives care package was being managed and where changes were occurring.

Risk assessments and correspondence from other health care professionals were in place to support staff to respond to individual needs. Some people and their relatives confirmed they had been involved in the development of their care plans and felt involved in decisions about their care and support, but others told us they had not been asked about their views. The registered provider told us all new care plans and reviews were ensuring all issues were being discussed with the person or their representative.

Care plans were being reviewed and updated to ensure they accurately reflected people's current care needs. We found that care plans were available in people's homes during the home visits we made. In one instance a care plan had out dated information; however we saw a review had taken place recently at the office and a revised versions was waiting to be sent to the person's home. This meant staff would be aware of the most recent information. One person told us, "They (staff) have just been out to look at what we need. They have given us more time because things are getting more difficult".

Recently reviewed care planning record's now showed people had been involved in both the development and review of their care plans. One person told us, "They (staff) went through everything with us and asked if we did not understand anything or agree with what was written we must say so it can be out right". People told us they were able to make choices about how their care was provided and that staff respected their decisions.

Systems were in place to help ensure staff had access to the most up to date information about the people they supported. If anything of note occurred there were good communication systems in place to contact

office staff by phone. Information was also recorded in people's daily records and communication books which were kept at people's homes. A staff member told us, "If we are not sure about anything or something out of the ordinary happens there is always someone at the end of the phone. For example, when a member of staff had been unable to access somebody's home they contacted the office. There was a system in place to respond by trying to contact family, neighbours and finally the police when entry could not be made.

Daily records were completed by staff at the end of each care visit. These records were signed by each member of staff and recorded their time of arrival and departure. In addition these records included details of the care and support provided, any observed changes to the person's care needs and records of food and drinks the person had consumed. These records were regularly returned to the service office where they were audited by the registered manager.

The service had a complaints procedure which was made available to people they supported and their family members. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. Contact details for external organisations including social services and the Care Quality Commission (CQC) had been provided should people wish to refer their concerns to those organisations.

The service had a system in place for recording incidents/complaints. This included recording the nature of the complaint and the action taken by the service. Complaints received had been responded to promptly and the outcome had been recorded.

Is the service well-led?

Our findings

There were management systems and a management structure in place to help ensure the service was operating in the best interest of people using the service. People were generally satisfied with the service they were receiving. Comments included, "There is always someone at the end of the phone if you need to talk with somebody", "It has got better recently. There have been fewer changes in carers" and "I feel listened to when I need to talk with them (staff)".

The provider completed a quarterly audit for the local authority which included information about staffing levels, and the number of hours of care delivered. This was in conjunction with services own internal audits which governed the running of the agency. The registered provider had systems in place to identify, assess and manage risks to the health, safety and welfare of the people who used the service. These included audits of accidents and incidents, medicines and care records. Policies and procedures were internally audited to ensure they reflected current legislation and good practice guidance. For example safeguarding information had been updated to reflect changes in local safeguarding procedures. Audits are a quality improvement process that involves review of the effectiveness of practice against agreed standards. Audits help drive improvement and promote better outcomes for people.

The management team were experienced, knowledgeable and familiar with the needs of the people they supported. The registered provider had delegated individual responsibilities to members of the management team including key support workers, care coordinator and office manager. These included undertaking supervision sessions and annual appraisals. Spot checks were also being undertaken whilst staff were carrying out their visits. These were in place to confirm staff were punctual, stayed for the correct amount of time allocated and people supported were happy with the service they received.

Regular staff meetings were taking place. They were flexible so that all staff had access to meetings even though some worked in different geographical areas. Issues discussed at a recent meeting included operational topics, such as call monitoring and an outcome of a recent complaint relating to staff behaviours. Staff were reminded to log in and out when visiting people's homes. Staff were informed this enabled management to monitor the reliability of the service provided. In addition to formal meetings staff told us they were informed of any changes when necessary and they felt they had access to senior staff on a day to day basis.

Staff told us the registered provider and senior staff were approachable and they felt well supported by their line managers. There was an on call system in place which meant staff and people could access advice and support at any time. Comments included, "It is a very supportive agency" and "It's important to be able to get advice if we need it especially as we work on our own for most of the time".

During the inspection visit office staff were seen to respond directly with people who called the service by phone. Staff were respectful and answered queries promptly. People were provided with emergency contact details when the office was closed. There was an on call rota system to ensure staff were always available at all times. For example on call staff had made alternative staffing arrangements during the Christmas period

due to staff sickness. This ensured people received a consistent service.