

Pannonia Care Limited

Pannonia Care

Inspection report

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Ratings

Overall rating for this service	Requires Improvement 
Is the service safe?	Requires Improvement 
Is the service effective?	Requires Improvement 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

About the service: Pannonia Care is a small domiciliary care agency providing care to people in their own homes. They provide care to people living with dementia, a learning disability or a medical condition. Pannonia Care can offer a live-in or live-out service. At the time of our inspection, nine people were receiving care from the agency. Of those, five people had live-in carers.

People's experience of using this service:

People's care records were more detailed than we had found at our last inspection in September 2018. However, there was further work to be done by the registered manager to ensure documentation in relation to risks to people and medicines administration were robust.

People told us their consent was sought and they could make their own decisions about their care. They told us they were cared for by staff who showed them respect and who were kind and caring.

People could choose what they wanted to eat and said staff were good at ensuring they had the medicines they needed or medical intervention provided when needed.

People said the registered manager was good and we saw evidence that people's feedback was sought on the quality of the care they received.

People said they saw staff washing their hands and they felt confident that staff were trained well. They told us they felt safe with staff and that staff knew them and their care needs well. People said they had not had a reason to complain.

The registered manager had recruited an assistant since our last inspection who had helped them drive improvement by developing processes and procedures and introducing new audits. There had been a marked improvement in the agency overall and the registered manager had realised their need to take better management oversight.

Improvements we found need to be embedded now in to daily practice and the remaining shortfalls addressed, although risks to people's safety was mitigated due to how well staff knew people and because most people had live-in carers.

During the inspection we found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also made two recommendations to the registered provider. For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection: We last inspected Pannonia Care on 14 September 2018. We rated the service at that time as Inadequate and we took enforcement action against the registered provider and placed them in special measures. The report was published in October 2018.

Why we inspected: We carried out this fully comprehensive inspection to check the registered provider had taken the required action to help ensure that people were receiving safe, effective and responsive care and that they were meeting the required Regulations.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

Enforcement: We issued warning notices at our last inspection which gave the registered provider a fixed timeframe in which to take action to ensure they were meeting the regulations.

Follow up: We will carry out future inspections to Pannonia Care in line with our published inspection methodology.

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 not always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below

Requires Improvement ●

Pannonia Care

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) 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 Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by two inspectors.

Service and service type: Pannonia Care is a domiciliary care agency. They can provide personal care to people living in their own flats or houses. The agency can also provide live-in or live out carers to older adults, younger adults, people with a physical disability or a sensory impairment.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager was also the registered provider.

Notice of inspection:

We gave the service 48 hours' notice of the inspection site visit as this is a small agency and we wanted to make sure that the registered manager would be available. This is the methodology we use for this type of service.

What we did:

Before this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some

key information about the service, what the service does well and improvements they plan to make. This enabled us to ensure we were addressing potential areas of concern at our inspection.

As part of our inspection, on the day, we spoke with four people, one relative and three staff. We also spoke with the registered manager and their administrative assistant and visited people in their own homes. Following the inspection, we received feedback from another three people and one relative. We also liaised with the local commissioning authority to obtain their feedback.

We reviewed a range of documents about people's care and how the service was managed. We looked at eight care plans, medicine administration records, risk assessments, complaints records, policies and procedures and internal audits that had been completed.

Our findings

At our inspection in September 2018, we gave the agency an Inadequate rating in this domain. This was because we found the registered provider was not ensuring people were receiving safe care, records in relation to medicines and risks assessments were not robust, accidents and incidents were not recorded and there was a lack of robust recruitment processes in place. At this inspection, we did find some improvement.

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Some aspects of the service were not always robust in relation to records for risks and medicines.

Assessing risk, safety monitoring and management

- Although risk assessments were in place for people, we found that some of the information had not been reviewed or updated in people's care plans since our last inspection.
- One person was at risk of falling down the stairs and although staff had taken precautionary action, this was not written up in the person's care plan.
- Another person had previously received care from the agency but had moved into a nursing home temporarily. Since they had returned home and restarted their care package their risk assessment had not been reviewed to see whether or not this person's needs had changed.
- This same person was at risk of choking and was on pureed food, however there was no risk assessment in place.
- The safety of people was mitigated however by the fact that staff were long standing and living in and knew this person extremely well. They were also well known by the registered manager.
- Improvement had also been made since our last inspection because at that time we found some people had no risk assessments in place at all.
- We did find risk assessments in other people's care plans. One person was able to transfer themselves using a hoist and there was a risk assessment in place which guided staff in ensuring they checked the equipment and assisted the person to transfer if they needed it.
- All people who received care had an environmental risk assessment in place.
- We spoke with the registered manager at the end of the inspection about these gaps in people's records and they assured us they would take action to remedy these shortfalls within a few days.

Using medicines safely

- Although there was some improvement to the medicines processes as auditing of records now took place, we found continued shortfalls. People did tell us however that they received their medicines. One person said, "Medicines, I get those. They (staff) never miss a beat."
- People's Medicine Administration Records (MARs) were handwritten by staff. However, there was no signature of the person transcribing the prescription information on to the MAR, and no second signature to show that the information had been checked as correct.
- In addition, MARs did not have times written on them. Instead, it was just 'morning, lunch, night'. This meant that if someone was on a timed medicine, staff would not know when their last medicine was given.
- There was no space for the person's GP information to be written on the MAR or a record of any allergies they had.
- The registered manager had introduced body maps for people using topical creams (medicines in a cream format) since our last inspection. However, they had still not put body maps in place where people were on pain patches. This was important as if the someone's patch fell off, staff would need to know where to place it back on their skin.
- Again however, the risk to people was mitigated because people who required assistance with their medicines had these administered by live-in staff who knew the people they cared for well.

Although safe care was provided because staff knew people well and impact was low we recommend the registered provider continues to always update and improve risk assessments and medicine record keeping.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm as staff understood their responsibility in raising any concerns or suspicions they had that someone was being harmed. One staff member was able to list different types of abuse and told us it was important to protect people's rights to be independent and make choices. They told us, "Reporting is always the first thing. Report to the agency and to the next of kin. If nothing was done, then I would need to report to CQC." A person told us, "I feel totally safe. I always feel better after I've seen them (staff)." Another person said, "I feel safe in knowing there is someone to talk to."

Staffing and recruitment

- The registered manager told us they had sufficient staff to meet the needs of the clients they provided a service to. We did not receive any feedback from people we spoke with that told us this was not the case.
- The registered manager said they employed 10 care staff and, "Generally they rotate so it's pretty okay. We have found the right client, with the right staff."
- We checked the recruitment process for staff who had been employed since our last inspection. We found that the registered manager had required them to complete an application form, provide references, identification and visa evidence and undertake a Disclosure and Barring Service (DBS) check. A DBS helps to ensure that potential staff are suitable to work in this type of service.

Preventing and controlling infection

- People's houses were kept clean by staff and we saw staff had access to sufficient gloves and aprons when carrying out cleaning duties or personal care. One person told us they saw staff washing their hands regularly.
- Staff told us, "We have gloves and aprons in different sizes and different bowls, towels and flannels for washing people."

Learning lessons when things go wrong

- Following our last inspection, the registered manager had taken action to start addressing the shortfalls within the agency realising that there was a need to ensure paperwork and records relating to people were

up to date and accurate. They told us, "We've got good procedures in place which we can scale up going forward."

- The registered manager now held an accident and incident book and records were reviewed. We noted one person who was independent in the shower had slipped and there was a note for staff to remind them to ensure the non-slip shower mat was always in place.

Our findings

At our inspection in September 2018, we rated this domain as Requires Improvement. This was because we found shortfalls relating to the Mental Capacity Act 2005 and a lack of training and support to staff. At this inspection, we found improvements had been made.

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

The effectiveness of people's care, treatment and support may not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the agency was working within the principles of the MCA.

- We found the registered manager had asked for people to sign to consent to their care where they could.
- However, we found in two instances care package agreements had been signed by relatives without evidence of their legal authority to do this. These people had had their capacity assessment carried out by the commissioning authority but the registered manager had not obtained copies of these. We spoke with the registered manager about this at the end of the inspection who told us they would contact the commissioning authority to obtain the necessary documentation.

We recommend the registered provider ensures they are always compliant with the requirements of the Mental Capacity Act 2005.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- There were pre-assessments in place for people which formed the basis of their on-going care plan. Although no one new had joined the agency since our last inspection one person told us, "They came out to discuss my care needs."
- The registered manager told us about the contact she had had with families or external agencies once people commenced their care package but there was no record of this. For example, she had spoken to the

relative of one person who required a sensor mat. We spoke with the registered manager about this who told us they would re-introduce a 'fact' sheet so they could record any actions/contact made.

Staff support: induction, training, skills and experience

- Staff received training to assist them in their role. A person told us, "I feel confident in their knowledge."
- We reviewed the training matrix and found that since our last inspection staff had completed several training modules. New staff were working through modules that fitted the Care Certificate (a recognised set of training modules for people working in care). However, we noted some staff had still to complete some modules.
- Where there were gaps in training, these had been identified and discussed with the staff member during supervision. On the day of our inspection, the registered manager was able to show us that the majority of shortfalls in training had been actioned. A staff member told us, "I am working through the training. I was told which were the most important ones and I've done those." A relative told us, "I don't doubt her skills."
- Staff had not been receiving supervisions at our last inspection. We found at this inspection that regular supervision had been taking place.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- People told us that staff made food for them if they wished and that staff gave them choices and allowed them to make decisions about what they ate. One person told us, "They've (staff) found out what we like. It's the nearest cooking to home cooking and meals are on time."
- One person was at risk of choking and as such had been seen by the Speech and Language Therapy team. They were now on a pureed diet and staff were able to tell us that.
- One person told us, "She (staff) makes what I ask her to and reminds me of important things like making sure I drink enough. She feeds me if I need her to. She does it all so well."
- People told us if they were unwell staff were good at contacting their doctor and there was evidence of one person receiving input from the district nurse.

Our findings

At our inspection in September 2018, we rated the agency as Good in Caring. We found at this inspection they had sustained this rating.

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We observed staff as warm and kindly and there was evidence of close relationships between staff and people because of the way they spoke with each other. One person told us, "I think a lot of them (staff). They are very good and cheer you up. They are full of beans."
- Staff were empathic towards people. We observed one staff member taking a person's hand and gently rubbing their shoulder – it was clear the person appreciated this. One person told us, "We are very easy with each other. We can joke together."
- Staff spoke about people in a very caring and respectful way. Staff knew people well and they were well matched. One person had an interest in languages and when we spoke with the staff member they told us they did too and as such they had both spent time chatting about this. One person told us, "I think she is probably the kindest person I have ever met." A relative told us, "She has a fantastic relationship with one carer. They are gentle, calm and very caring."

Supporting people to express their views and be involved in making decisions about their care

- People told us staff asked them to make their own decisions. One person said, "She (staff) always asks me what I want, checks my pillows are just as I like them. It's the way she talks to me and handles me." The person went on to say, "She comes to church with me and pushes my chair." Going to church was important for this person.
- A staff member told us, "All the training I have done reminds you not to make assumptions. You must ask and offer the choice and if you need to, inform them of the consequences. Their choices may seem unusual but they don't have to agree with your views. We have to respect the persons personality and beliefs."

Respecting and promoting people's privacy, dignity and independence

- Staff anticipated people's needs. A staff member drew one person's curtains as the sun was moving

around and starting to shine in their eyes. A relative told us, "[Staff name] truly understands dementia."

- A staff member told us, "Not supporting someone's independence is like abuse. Making someone overly dependent on you is not going to do anyone any good." The staff member told us they encouraged people to wash their own face and eat independently, only asking if they required assistance. A person told us, "I thoroughly enjoy the wash and feel nice and clean."
- A person told us that staff helped them with their exercise every day to keep some movement.

Our findings

At our last inspection we rated the agency Requires Improvement in relation to responsive care. This was because there was a lack of care plans for people. At this inspection we found improvements had been made.

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through better organisation and delivery than we found at our last inspection.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control;
End of life care and support

- People had care plans in place which covered their daily needs and requirements. There was much better information in people's care plans which covered areas such as personal care, cooking, getting dressed, cleaning and taking their medicines. There were some examples where care plans could have included more detail and we have commented on this in the well led domain because despite this people were receiving responsive care and care planning had improved overall.
- People's daily routines were listed and information in people's care plans was easy to navigate.
- Where people could make their own decisions this was clearly recorded in their care plans. For example, one person's said, 'I can ask for things and I'm able to give instructions and let people know if I'm unhappy with something'.
- One person suffered from anxiety and there was clear information for staff on what was needed to ensure this person remained calm and did not get anxious. Another person was diabetic and there was a note in their care plan to staff to, "Be careful when washing my legs." This same person did not have very hot water, so staff were asked to always boil the kettle to ensure the temperature of the water was sufficient when carrying out personal care.
- A third person had their preferred time of getting up and going to bed recorded in their care plan.
- Staff told us they had good handovers between each other if they took on a new client.
- No one was receiving end of life care at present by the agency but we were told that the registered manager planned to introduce end of life training to staff.

Improving care quality in response to complaints or concerns

- There was a complaints procedure made available to people. One person told us, "I've never complained. I'd rather not have to."
- There had been no complaints received since our last inspection although a relative told us they had

raised a concern with the registered manager and this had been addressed.



Our findings

At our inspection in September 2018, we rated Well-Led as Inadequate because there was a lack of management oversight of the service. We found a lack of care plans for some people, no audits being carried out and a general disorganisation within the agency. At this inspection, improvement was found. However, we are unable to award this domain a Good rating due to the shortfalls found in medicines administration records and risk assessments. We also need to be satisfied that any improvements since our last inspection have been embedded into daily practice and sustained over time.

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may not have been met.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager told us, "Since [assistant] has been around. The agency is half the size it used to be. Now all the paperwork is sorted we are in a better place. If we grow now we will have it all there."
- Despite this comment we found that further improvements were needed with medicines records, risk assessments, care plan details and the MCA.
- Although people's care plans had been reviewed, care plans were not always updated to ensure staff had access to the most recent information about people. For example, one person's health had greatly improved, but this was not reflected in their care plan. This same person was recorded as not sleeping well through the night, however they did now sleep well. Another person's review stated their needs had increased due to their dementia, but there was no information on how their needs had increased. A third person was noted as being 'deeply religious' but there was nothing to state their religion or any customs staff could support them to observe. Despite this lack of detail in some records care plans had improved and people were receiving the care they needed.
- The registered manager had taken a more responsible role in relation to the agency since our last inspection. They had worked hard to start addressing the shortfalls and understood the need to hold robust and accurate documentation. They had developed an action plan highlighting areas that required improvement and they and their assistant were working through this.

- Since September 2018 they had introduced a number of audits. This included auditing daily notes and medicines records were accurately completed without any gaps. They had also commenced more regular spot checks on both people and staff. We read where issues were identified at a spot check, this was discussed with a staff member during their supervision. For example, one staff member required reminding of the correct way to complete a person's MAR. The registered manager's assistant told us, "The girls (staff) who I've observed have been very person centred."
- Daily records audits had identified some staff were writing in blue ink and writing was not always legible. These areas had been picked up with staff and remedied.
- Since our last inspection the risks to people were much reduced. We found improvements to the agency had been made and the registered manager was working through their action plan to continue to drive these improvements.
- The vast majority of the warning notice that we served against the registered manager following our last inspection had been met. Although there were still some outstanding actions that the registered manager was working through. These were of low risk to people because most people had live-in staff who knew them extremely well.

Despite the improvements however, due to the continued need to meet all of the required actions and embed progress there was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff and people spoke well of the registered manager and told us they felt supported. One staff member told us, "[Registered manager] comes around from time to time to check on things." They told us the office was supportive and, "They are flexible in their approach and easy going when it comes to communication." Another staff member said, "She is supporting and kind. If you need something you can always send a message."
- One person told us, "[Registered manager] is very good. I like her. I have never felt uncomfortable." A relative said, "I think [registered manager] tries quite hard and mostly I've had good contact with her. I am able to talk to her and make myself understood. Her heart is in the right place."
- The registered manager had commenced regular surveys with people and during February and March 2019, nine people had given their feedback. Feedback people gave was positive.

Continuous learning and improving care

- The registered manager had learned from the last inspection and had sought to employ an assistant to help them organise the paperwork and develop robust procedures and processes. As a result we found improvement had been made. However, further work was required to ensure these improvements were sustained.

Working in partnership with others

- During the last six months the registered manager had worked closely with her assistant and also the local authority quality lead. They told us, "I don't know what I would have done without [assistant] and [local authority]. [Assistant] has been great and I think we have done what we needed to."

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider had not ensured robust documentation processes were in place.