

Pinner Court (Harborne) Limited

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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?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 14 August 2018 and was announced. We informed the provider 48 hours in advance of our visit that we would be inspecting. This was to ensure there was somebody at the location to facilitate our inspection. The inspection team consisted of one inspector and two new inspectors who were shadowing.

Pinner Court is registered to provide the regulated activity of personal care. This service is a domiciliary care agency [care at home]. It provides personal care to people living in their own homes within a retirement complex (The providers housing scheme). It provides a service to older adults. There were seven people using this service at the time of our inspection, one person was in hospital and one person was on holiday.

Not everyone using Pinner Court receives the regulated activity; the Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

At the last inspection in August 2017, we judged the service as requires improvement in the key questions of safe, effective and well-led and we rated the service Requires Improvement overall. During this inspection we identified two breaches of Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We were concerned because the provider had failed to ensure their recruitment procedures were robust and their quality monitoring systems continued to require improvement.

This inspection took place on 14 August 2018 to follow up on our previous findings. During this inspection the service demonstrated to us that improvements have been made and we identified that in some areas further were needed. We found the service was now meeting the regulations.

There was a registered manager in post at the time of the inspection. 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.

People were protected from the risk of abuse because staff were aware of the action to take if they suspected abuse had occurred. Staff were also aware of the provider's whistle blowing policy and told us they would use it if they had concerns. People told us there were sufficient staff deployed by the service to meet their individual needs. The provider followed safe recruitment practices when employing new staff. People told us staff followed safe infection control practices. The registered manager had taken some steps to improve the management of medicines but further were needed.

People told us care staff had the skills and knowledge to care and support them effectively. Staff told us they received regular training based on the needs of people using the service. People were asked for their consent before care was provided and the decisions they made were respected. Staff had received training

on the Mental Capacity Act (2005) and they supported people to have maximum choice and control of their lives and support them in the least restrictive way possible. People were supported with their dietary needs and support to maintain their health and wellbeing, when necessary.

People were supported by caring staff that protected their privacy and dignity. People had support to make decisions and choices about their care and maintain their independence.

People had been involved in the planning of their care and were supported by staff in line with their individual needs and preferences. People knew how to complain and expressed confidence that the provider would address any issues they raised.

Some action had been taken to improve the systems used to check and audit the quality of the care provided at the service. However, further improvement was needed. The service had not monitored incidents effectively to reduce the risk of repeat occurrence. Staff felt well supported in their roles. There was a culture of openness and honesty and staff felt able to raise concerns or suggestions. People and staff felt supported and were confident in the management of the service.

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.

Most people received their medicines as prescribed.

People were protected from the risk of abuse because staff knew the action to take if they suspected abuse had occurred and recruitment processes had improved.

People told us there were sufficient staff deployed to meet their needs.

Is the service effective?

Good ●

The service was effective.

Staff had appropriate levels of training that enabled them to meet people's needs effectively.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People were encouraged to make choices about the food they ate and staff knew if they had any dietary requirements. People were supported by staff to maintain their health and well-being, when required.

Is the service caring?

Good ●

The service was caring.

People were supported by caring and compassionate staff.

People were supported to express their views and to be involved in planning their care.

People were treated with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

People's preferences were understood and used to provide person centred care.

People were involved in their own care planning and were able to contribute to the way in which they were supported.

People's complaints were investigated and responded to.

Is the service well-led?

The service was not consistently well-led.

The quality assurance processes in place required strengthening to ensure sufficient oversight of the service to drive improvements to the service.

Systems in place to learn from incidents were not effective to prevent similar reoccurrences.

A registered manager was in post; they encouraged a culture that was positive and supportive of people and staff.

Requires Improvement 

Pinner Court (Harborne) Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This announced comprehensive inspection took place on the 14 August 2018. The inspection team consisted of one inspector and two new inspectors who were shadowing.

As part of the inspection process we looked at information we already held about the provider. 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 the improvements they plan to make. We reviewed other information we held about the service to aid with our inspection planning. This included past inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We also contacted other health and social care organisations such as representatives from the local authority contracts and quality team and Healthwatch to ask their views about the service provided. Their views helped us in the planning of our inspection and the judgements we made. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During our inspection visit, we met and spoke with two of the people who used the service. We spoke with one relative to get their views. During our visit to the office we spoke with the provider's representative, the registered manager, one duty manager and six care staff.

We sampled care documentation for three people, medicines records, three staff files, staff supervision,

appraisal and training records. We also looked at other records relating to the management of the service including audits, quality monitoring systems and action plans; accident and incident records; surveys; meeting minutes and complaint records.

Is the service safe?

Our findings

At our last inspection in August 2017 we rated the registered provider as 'Requires Improvement' in this key question. This was because the provider had failed to ensure that their recruitment process was robust to prevent the employment of unsuitable staff. The management of medicines was not consistently robust and risks for people had not been consistently assessed and mitigated. The provider was in breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection in August 2018 we found the provider had made some improvements in these areas. The service was no longer in breach of Regulation 19 (Fit and proper persons employed).

At our previous inspection the registered provider had not ensured their recruitment process was robust. At this inspection in August 2018 we found improvements had been made and people were kept safe by an improved and safe recruitment procedure. Staff files contained completed application forms which included details of each staff member's previous employment history, as well as details of checks having been carried out in areas including proof of identification, criminal records checks and references which helped ensure their suitability for the roles they had applied for. A member of staff told us, "I had an interview for this post and had to do a DBS [criminal check], bring my passport in and provide references before I could start to work."

At our previous inspection the registered provider had not ensured people's care plans provided sufficient guidance for staff to follow to mitigate risks identified. At this inspection in August 2018 we found improvements had been made. One person said, "I'm very safe, staff respect my clutter even though it's a risk to me." A member of staff told us, "Any risks to people or us as staff we let the managers know and they review and update risk assessments." Staff had the information they required to ensure people's support was provided in a safe way. There were risk assessments in place, which gave staff clear instructions on how to keep people safe. For example, we saw assessments in people's care files that identified risks associated with falls, moving and handling and medicines. Where risks had been identified appropriate controls had been put in place to reduce and manage the risk; these control measures took account of people's choices and independence.

People told us staff helped them to feel safe. One person said, "I feel safe, [the care staff] make sure I've got my alarm pendant on." A relative told us, "I'm happy that mum is safe and takes control of her life as much as possible, which Pinner Court do." Staff could tell us about how to recognise the signs of abuse and told us they had received training. A member of staff told us, "A person may be upset, withdrawn or not sleeping, I would report this straight away to [name of registered manager]" We found that the provider had a whistle blowing policy in place. Staff understood how to whistle-blow and told us they would raise concerns about people's practice with the safeguarding leads or contact the local authority or CQC. We saw there was a safeguarding policy in place and where incidents had occurred these had been reported to the appropriate bodies. The registered manager understood their responsibilities and kept records relating to safeguarding incidents. This demonstrates there were systems in place to ensure people were safeguarded from abuse.

People, their relatives and staff told us that there were enough staff to provide their care and support. One

person said, "Yes, there is enough staff, never late and always smiling." Staff we spoke with told us that staffing levels had improved following our last inspection and they felt they had enough time to complete tasks. One staff member told us, "Care staff numbers have increased, we don't have to use agency staff now." We saw records that confirmed staffing levels had increased to ensure people's diverse and assessed needs were met.

At our previous inspection in August 2017 the registered provider had not ensured people received their medicines as prescribed. At this inspection in August 2018 the registered manager had taken some steps to improve the process of the management of medicines. People who required support to take their medication said they were happy with how staff assisted them. One person told us, "The staff help me with my medicines and then sign the book." Staff we spoke with were knowledgeable about how to support people to take their medication safely and confirmed since our last inspection they had received medication administration training and observations of their practices by senior staff. One member of staff said, "The duty manager or [name of registered manager] observe us giving medicines to people." Staff confirmed and records showed that staff received regular updates in order to maintain their knowledge of people's medicines. Since our last inspection the registered manager had introduced clear guidance for when staff were required to support people with their medicines. However, records had not always been completed by staff to indicate that people had taken their medication as prescribed.

People were protected from the risk of infection as there were adequate infection prevention arrangements in place at the service. One person told us, "Staff wear their gloves before putting my cream [prescribed medicine] on" Staff we spoke with had a good understanding of infection control and how to keep people safe in their own homes. Staff understood the need for good hygiene practices and told us that there was always enough supplies of equipment they needed.

Is the service effective?

Our findings

At our last inspection in August 2017 we rated the registered provider as 'Requires Improvement' in this key question. We found that people were not supported by staff that had the training, induction, skills and knowledge to support them effectively. At this inspection we found improvements had been made. We will continue to monitor the service to ensure the improvements have been sustained and review this at our next inspection.

People who used the services and relatives told us the care staff were effective and they were provided with the support which met their individual needs. One person said, "I get the support I need and when I need it"

People and relatives were confident in the skills and knowledge of the staff. One person told us, "Staff have training, they know what they are doing, which is good." Staff told us and records confirmed they received training in range of areas considered mandatory by the provider which included moving and handling, safeguarding, infection control, health and safety and dementia awareness. This training was refreshed periodically to ensure they remained up to date with current good practice and during our discussions with staff they were able to describe how they put their training into practice. For example, one staff member described the steps they took to promote good catheter care and told us, "Since having catheter care training, I feel more confident supporting people."

All newly recruited care staff received an induction prior to working independently in providing people with care and support in their homes. This included working alongside more experienced staff along with the completion of the care certificate. The Care Certificate is a nationally recognised set of standards to ensure staff have the right skills, knowledge and behaviours. Care staff we spoke with told us these approaches had prepared them for when they worked on their own in supporting people and had equipped them to carry out their roles with confidence.

Care staff we spoke with were positive about the support they received from the management team who they felt were approachable and they could talk to them at any time. Care staff told us and records confirmed, they received regular supervision and that they were encouraged to reflect on their practice and to consider their own professional development. Care staff told us and records confirmed that they were regularly observed by the registered manager and senior staff members for their competency and performance and assessed during visits to people who used the service. One member of staff said, "We are checked to see if we approach people right." This helped to help make sure that staff were performing to a satisfactory standard of care and safety.

The registered manager assessed people's needs before they started receiving support from staff, to ensure the service's suitability. These assessments considered people's likes, dislikes, medical history, mobility, medication and nutritional needs. We saw that information obtained from the initial assessment was used to develop people's care plans.

People who required assistance with meals and drinks were supported to have what they wanted to eat and

drink and to meet their own nutritional needs. One person told us, "Staff support me with my breakfast and I choose what I want." Staff knew the importance of making sure people were provided with the food and drink they required to keep them well. People's care plans described how they were supported to make their own food choices and what assistance was required with food preparation or eating and drinking.

People were supported to attend health appointments where required. One person said, "They [care staff] will ring the nurse for me." We saw in people's records where needed, the registered manager and staff liaised with a wide range of health and social care professionals, including doctors, nurses and social workers. People's healthcare needs were monitored and people's care plans contained information on how support should be delivered effectively. Staff described how they responded appropriately to changes to people's health and wellbeing.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. One person told us, "Staff always ask permission before coming in [to my apartment]." During this inspection we looked to see if the service was working within the legal framework of the MCA. Staff told us they had received training on the MCA legislation. The registered manager and staff understood and worked within the principles of the MCA legislation. Staff confidently described how they supported people in line with the principles of the MCA. One member of staff said, "We can't assume people haven't got capacity, we give people the right tools to make informed decisions."

Is the service caring?

Our findings

At our last inspection in April 2017 we rated the registered provider as 'Good' in this key question. At this inspection we found that the service had sustained this rating.

The service had a supportive and caring culture and people continued to experience positive, caring relationships with staff. People and their relatives were complimentary about staff and valued their relationships with them. One person told us, "They [care staff] are marvellous, caring and help me as much as they can." Staff knew the people they supported well. They were aware of people's likes and dislikes and the things that were important to them.

At the time of our inspection there was no-one who used the service that required advocacy support. Information was available around advocacy services should people or relatives need this information and advice. Advocates are independent and support people to make and communicate their views and wishes.

People who used the service and their relatives told us they had been consulted in how they preferred to receive their care and support. People expressed how they were involved in day to day decisions about how and where they spent their time. One person told us, "I choose how to spend my day and the staff respect that, they respect my home and my space." A relative told us, "Mum makes all her own daily choices and staff respect those." We saw the registered manager took action when necessary to ensure people's views were acted upon such as ensuring people were supported at their preferred times. This helped people to feel valued and included. Staff told us that they encourage people to make choices. A member of staff said, "People have the right to make their own choices and decisions." Another member of staff said, "We give people choice, it's about what they want, for example what clothes to wear, what food to eat and what time to get up."

People's privacy and dignity continued to be respected and promoted. One person said, "I'm always supported with dignity." Staff were able to describe how they promoted people's dignity and privacy. One member of staff told us, "We close curtains and doors and cover people up [when receiving personal care]." Staff told us they addressed people how they wished and always took note of what people wanted. We saw evidence of this within people's care plans. People's full names were recorded as well as their preferred name. People's right to confidentiality was respected and protected appropriately in line with the General Data Protection Regulations (GDPR). All information was safely secured at the service's office and was not unnecessarily shared with others. The registered manager and staff were aware of the need to maintain confidentiality in relation to people's personal information.

The service continued to support people to maintain and develop their independence, as appropriate to the individual. One person told us, "I do as much as I can, it's the most important thing to me." A relative told us, "Mum is fiercely independent and staff help her to retain that; she's not a child, she's an older person." Staff described ways in which they supported people to be as independent as they could be. A member of staff said, "[name of person] likes to pour her own milk into her cereals."

Is the service responsive?

Our findings

At our last inspection in April 2017 we rated the registered provider as 'Good' in this key question. At this inspection we found that the service had sustained this rating.

People received care and support that was responsive to their needs and staff were committed to providing individualised support. One person told us, "The staff do what I need and want." Staff described their understanding of person centred care and were able to describe people's likes, dislikes and interests and how people liked care to be delivered. Staff described people's past experiences and what people's preferred routines were.

People we spoke with told us that care and support was provided in a way which they preferred, with their wishes and choices being consistently respected. Their care plans had been developed with them and their preferences were taken in to consideration. When we visited people in their homes with their consent, they showed us their care plans and knew what they contained. One person told us, "I'm involved in my care plan and reviews." People's care plans included people's social, religious and spiritual needs and the type of activities the person enjoyed. People were being supported to maintain their cultural and spiritual traditions and staff were able to describe these to us.

People told us, and records confirmed that their care plans had been reviewed periodically, in line with the provider's procedures to ensure they remained up to date and reflective of their current needs. A relative told us, "I have been involved with reviews, but mum is quite capable." Staff were aware of the details of people's care plans and could describe people's preferences in the way they liked to receive support. They were also aware to report any changes in the needs of the people back to the provider so that the registered manager could reassess them and update their care plans where required.

Staff told us they had received training around equality, diversity and human rights and it was expected that they would not discriminate against anyone. Through our discussions with staff it was clear they were non-discriminatory in their approaches. Staff were able to tell us how they supported people to ensure they were not discriminated in any way due to their beliefs, gender, race, sexuality, disability or age. One member of staff told us, "We are not judgemental of anyone."

The service had looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers of NHS and publicly funded bodies to ensure people with a disability or sensory loss can access and understand information they are given. The provider was able to access information regarding the service in different formats to meet people's needs, for example large print. We saw that people's care plans contained information about their communication needs. The registered manager advised they were continuing to explore ways to make sure people had access to the information they needed in a way they could understand it and fully comply with the AIS.

We saw there were arrangements were in place to investigate and respond to people's concerns and complaints. One person told us, "I've no complaints, I would speak with [name of registered manager] if I did though." Where concerns had been raised there was a written recording and any action taken to say how they had been resolved. A relative just us they had no complaints but would feel confident to raise any issues with the registered manager. The registered manager told us that people were provided with information on how to raise a complaint. This procedure had also included contact details for social services and the Care Quality Commission should people require it. Staff we spoke with demonstrated an interest in empowering and supporting people to make a complaint or share a concern.

Although no one was in receipt of end of life care on the day of our inspection, we found that people had been asked limited questions about their wishes at the end of their life. Whilst there was no impact for people records showed that end of life care plans required some more development to ensure people were supported to be comfortable, pain free and dignified at the end of their life and that people's religious and personal wishes were respected and taken into consideration.

Is the service well-led?

Our findings

At our last inspection in August 2017 we rated the registered provider as 'Requires Improvement' in this key question. We found that the service's quality assurance systems had not all been effective at identifying issues relating to governance and we found them to be in continued breach of Regulation 17 HSCA (Regulated Activities) Regulations 2014 Good governance. At this inspection in August 2018 we found improvements to the systems for checking staff were suitable to work with people had been made and overall governance arrangements had improved, but further work was needed. We judged the service as now meeting the requirements of the regulations. We will continue to monitor the service to ensure the improvements have been sustained and review this at our next inspection.

Following our previous inspection, the registered manager had reviewed their governance and auditing systems to ensure they were effective to monitor the delivery and quality of care and support provided. Whilst there had been significant improvements they had not always been effective. The registered manager conducted checks and audits in a range of areas including people's medicines, care plans, checks on staff records and spot checks of staff performance whilst supporting people. However, improvement was required because the audits had not identified all the shortfalls we found at this inspection. We identified that records and documentation needed to be further improved.

Medicines audits undertaken by the registered manager had identified that improvements were required to medicines record keeping. One person's medicine administration record (MAR's) identified they had run out of their prescribed topical cream medicine for five weeks. There was also a delay in obtaining the medicine from the pharmacy. We brought this to the attention of the registered manager who advised us following our inspection, that an alternative prescribed topical cream had been used but this had not been updated on the person's MAR's. Although the person had not suffered any effects there was a potential risk of staff not applying the alternative topical cream as it was not recorded on the MAR's. Another person's MAR's identified that the person had not received their prescribed medicine, however, the registered manager advised us that daily notes confirmed the person had received their medicine but the records had not been signed. Although the management of medicines was regularly audited by the registered manager they had not identified this medicine recording omission.

We found that the oversight of the service required further improvements. For example, complaints we reviewed had been investigated and responded to; however, there was no overall analysis available to the registered provider to help them to drive improvements. Staff we spoke with were aware to report any incidents or accidents that occurred and incidents that had occurred at the service had been recorded. The registered manager told us they had a system in place to support learning when things went wrong. This included asking staff involved to come into the office and discuss the incident. However, we noted that a high number of medicine recording errors had been identified where staff had not signed for medicines they had administered. Whilst the service had investigated all incidents to try to establish what had caused them, they had not considered or taken sufficient action to minimise these incidents or learnt from these. For example, most of the medicine recording error incidents we reviewed stated, 'Cream not signed for' and the reason for the omission stated 'lack of concentration'. There was no oversight to look at ways of reducing

the risks of it occurring again. This meant that the service were unable to note trends that may be present in order to prevent comparable occurrences in the future.

People, their relatives, and staff were very complimentary of the service. One person said, "I like [name of registered manager] I speak to her every day." A relative told us, "The whole atmosphere of Pinner Court has changed since [name of registered manager] started, it's much improved." Staff told us the registered manager knew people extremely well and that they were committed to providing person-centred care to people. A member of staff told us, "[name of registered manager] is fair and approachable." The registered manager told us that they were well supported by the provider and told us that the provider visited frequently to see first-hand the service provided and spent time with people who used the service.

Duty of Candour is a requirement of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. The registered manager understood their obligation in relation to their duty of candour and encouraged openness about how the service provided support to people. The registered manager was able to tell us their understanding of this regulation and we saw evidence of how they reflected this within their practice. We found the registered manager had been open in their approach with us during the inspection and following our inspection provided information in a timely manner.

The registered manager understood their responsibilities in relation to their registration with the Care Quality Commission. Organisations registered with the Care Quality Commission (CQC) have a legal responsibility to notify us about certain events that have taken place. The registered manager was aware of their regulatory responsibilities and understood that CQC needed to be notified of events and incidents that occurred in accordance with the CQC's statutory notifications procedures. The provider is required to display their latest CQC inspection rating so that people, visitors and those seeking information about the service can be informed of our judgments. The provider has displayed their rating at the office location and their website as required. This showed the registered provider understood their responsibilities.

People told us they were asked about their experiences of the service they received. One person told us, "[name of registered manager] always asks if I'm okay with everything." The registered manager sought people's views on the service they received through quality assurance visits and the use of surveys. The feedback the service received indicated a high level of satisfaction with the service which was reflective of the views of the people we spoke with. The registered manager told us, "I speak with people who use the service every day to check they are happy."

There was a clear management structure in place. Staff understood their roles, responsibilities, the values and vision of the service and they worked to promote these through delivering high standard care to people. Staff showed enthusiasm and commitment in their roles. Staff told us they continued to notice improvements in people's outcomes of care, because the registered manager worked with them to deliver person centred care. We saw the registered manager knew people well, understood their needs and abilities and provided leadership to staff in the way they interacted with people. Staff told us the registered manager had driven changes to the service and had improved how staff felt about their role. Staff we spoke with told us, "Everything has improved since the last inspection. [name of registered manager] listens to us and is always asking for our opinions on how we can improve." The registered manager held regular team meetings with staff to help keep them informed of any service updates and to ensure they were aware of the responsibilities of their roles.

The service worked in partnership with other agencies to support care provision and development. We saw regular referrals were made to health professionals such as doctors and opticians. The registered provider

and manager planned to continue to improve and develop the service.