Philip Parkinson Homecare Ltd

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Inspection report

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Ratings

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

Overall summary

The inspection took place on 23 and 28 October 2014 and was announced. We last inspected Philip Parkinson Homecare Limited on 24 July 2014. At that inspection we had identified a breach of regulations in relation to arrangements for managing people's medicines. We issued a warning notice to the provider and registered manager informing them that they were not meeting the requirements of the law. During this inspection we found sufficient improvements had been made to meet the regulations.

Philip Parkinson Homecare Limited is based in Newcastle upon Tyne and provides personal care to people in their own homes in the Northumberland area. At the time of

Summary of findings

our inspection 18 people were using the service, most of whom were older people. The service also provided shorter term care and support to people at the end of their lives.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The arrangements for managing medicines had been improved since our last inspection. Staff had undertaken further training and had their competency in handling medicines assessed. Medicines administered by staff were now appropriately recorded and signed to confirm they had been given to people.

We found that people were provided with a caring and responsive service that met their needs. People were happy with their care and support and had formed good relationships with their care workers. One person said, "The carers have been coming for a few months now. They've all been great and they do whatever I ask." Another person said, "We get along very well. The girls are lovely and such a good help." Relatives felt assured their family members received reliable care that was delivered safely. One relative told us, "It provides comfort knowing someone's going in to see her."

People directed and agreed to how their care was provided and, wherever possible, their preferences were accommodated. The service worked with families and other professionals when people did not have capacity to make important decisions about their care.

Although people were given individualised care, their care records were not fully accurate, personalised and kept up to date. Care plans often lacked information about managing risks to the person's welfare and how to meet their individual needs. This meant the personal records for people using the service did not protect them against the risks of receiving unsafe or inappropriate care. This was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

New staff were checked and vetted before they started working with people. There were enough staff to provide continuity of care and people told us they usually had the same care workers.

The staff understood how to protect people from abuse and to report any concerns if they believed anyone was being harmed. There had been no safeguarding concerns raised about the service or any reports that staff had put people at risk of neglect by missing their visits.

People were cared for by staff who were supervised and supported in their roles. Staff were given training that enabled them to meet people's care needs and support them with their health and well-being. The service was well-managed and there were regular checks on staff performance and the quality of the care that people received.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Most aspects of the service were safe. People were cared for safely by staff who knew them well and understood how to safeguard them from abuse.

A suitable recruitment process was followed and there were enough staff employed to give people a reliable and consistent service.

The way that people's medicines were handled, administered and recorded had improved. But accurate and up to date personal records about support with medicines, and other areas of risk to people's welfare, were not being kept.

Requires Improvement

Is the service effective?

The service was effective. People received personalised care they directed and agreed to. Where people were unable to give consent, the service worked with families and social workers to plan their care appropriately.

Staff worked with other professionals in supporting people to meet their health needs. People were assisted, as far as reasonably possible, to maintain a balanced diet and were well supported with eating and drinking.

The service provided staff with training and support that equipped them with the skills and knowledge to deliver people's care and treatment

Good

Is the service caring?

The service was caring. The management routinely monitored care practices and asked people for their views about how they were treated by staff.

People and their relatives told us staff were kind, caring and respectful. They felt comfortable with their care workers and said they had a good understanding of their needs and preferences.

Good

Is the service responsive?

The service was responsive. People were given care that focused on their individual needs and well-being, though this was not always fully reflected in their care plans.

The staff team worked flexibly to accommodate the provision of new care services and to give timely support when people's needs changed.

People were informed about the complaints process and told us they had not needed to raise any concerns about the service.

Good

Is the service well-led?

The service was well led. The management sought people's feedback and carried out checks to ensure the quality of the service was maintained. People were satisfied with their care and said the service was well managed.

Good

Summary of findings

The staff worked well as a team and felt there was good leadership, communication and support that helped them to fulfil their caring roles.

Philip Parkinson Homecare Ltd

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.

The inspection was announced and took place on 23 and 28 October 2014. The provider was given 48 hours' notice because the location provides a domiciliary care service We gave this short notice because the service provides a domiciliary care service and we needed to be sure that someone would be in at the office. The inspection team consisted of two adult social care inspectors, a pharmacist 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.

Before our inspection we reviewed the information we held about the service. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. We also contacted the local authority that funds people's care services to get feedback about the quality of the service.

We gathered information during the inspection by talking with one person who used the service and three relatives by telephone, and visiting two people at home. We talked with the provider, the registered manager and the deputy manager, and contacted six staff by email. We looked at nine people's care records, six people's medicines records, six staff files, and other records related to the management of the service.

Requires Improvement

Is the service safe?

Our findings

Following our last inspection of the service on 24 July 2014 we took enforcement action as we had concerns about how people's medicines were being managed. We told the provider and registered manager they must meet the requirements of the regulations by 5 September 2014. At this visit we checked if people's medicines were now being managed safely.

We found that staff were suitably trained in handling medicines and a process had been put in place to make sure each care worker's competency was assessed. Staff told us they were provided with the necessary training and felt they were sufficiently skilled to help people safely with their medicines. We observed staff assisted people with their medicines to an appropriate level, based on their individual needs. People and their relatives told us they had not experienced any problems with the timing or the way that medicines were given. One relative said, "They give him his medicine and then watch him take it."

We saw records of medicines administered by staff were signed to confirm people had received their medicines. The deputy manager had monitored the accuracy of these records on a weekly basis and told us about the actions they took when any issues were identified. A new medicines audit was being introduced which included comments on each area of the records checked and any follow up action required.

We saw that care records did not accurately reflect the medicines which people were prescribed and the extent of support that staff provided. Although lists of medicines were now documented, these did not fully correspond to people's current medicines. The deputy manager said they would be introducing an improved system to keep regular checks on people's prescribed medicines. We noted that care plans were not always clear about how people were being assisted with medicines, in line with the different levels of support described in the provider's medicines policy. We concluded that people received the support they needed with their medicines, but the service did not keep accurate and up to date records. This was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Reasonable steps had been taken to identify the possibility of abuse and prevent abuse from happening. The provider had developed a safeguarding leaflet to inform people about their rights to be protected from abuse. This told people to telephone the office at any time if they felt unsafe, or were not being cared for properly, and that the service would respond. People said they knew how to contact the service if they were ever concerned about how they were being treated. People using the service and their relatives told us they felt safe with the staff who visited them. We saw that people had also given positive feedback in quality surveys about their relationships and trust in staff.

Staff were trained in safeguarding adults and were given copies of the service's policies and procedures on safeguarding and whistle-blowing (exposing poor practice). Staff told us they understood their roles in protecting vulnerable people and were able to describe how they would report abuse. One care worker said, "I try to be very vigilant." All staff felt confident in using the whistle-blowing procedure and some commented that management had assured them of discretion if they ever needed to raise any concerns.

The registered manager demonstrated that she was aware of her responsibilities to act on any allegations that people may have been abused or put at risk of abuse. She told us there had been no safeguarding issues reported over the past year and no concerns about people's care that could constitute abuse. This was confirmed by a local authority service commissioner.

There were appropriate arrangements for the safe handling of people's money. The deputy manager told us staff were not allowed to have access to bank cards and rarely handled people's money. On occasions when staff went shopping for people we saw they had recorded details of purchases, which were verified by receipts, and signed as witnessed by both parties. The finance records were then returned to the office periodically and checked to make sure people's money had been handled safely.

People told us that staff supported them safely. For example, one person's relative said they received support from two care workers at each visit and indicated this worked well. They told us the person's care included help with moving and handling, using a hoist, and said the care workers did this safely.

We found, however, the way the service assessed and managed risks to people's personal safety was variable.

Requires Improvement

Is the service safe?

Some people had clear measures built into their care plans which guided staff on recognising and reducing risks to their welfare. These measures addressed how to keep people safe during their care delivery and took account of risks related to their health needs and risks in the home environment.

In other instances there was a lack of recorded guidance for staff on managing potential risks. Examples of this included a person who staff assisted with their medicines and who now had a medicine left out for them to take later. This had not resulted in updating their risk assessment to make sure they knew when and how to take the medicine and if they could manage it safely. We saw another person had been identified as being vulnerable to financial exploitation. Although the deputy manager told us about the strict procedure staff followed when supporting the person, there was no details of this in their care plan. We also saw there was no recorded information about what staff should do to best support a person who could be verbally aggressive. This showed us that aspects of record keeping did not protect people against the risks of receiving unsafe or inappropriate care. This was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

A suitable recruitment process was followed. The registered manager told us new staff were regularly recruited according to people's needs and requests to provide more intensive services. We checked staff records and saw that all necessary recruitment information had been obtained. This included details of employment history and training, references, and checks with the Disclosure and Barring Service of criminal records and suitability to work with vulnerable people. This process meant the provider took appropriate steps to ensure the safety of people receiving support from care workers.

There were sufficient staff to keep people safe and provide them with a reliable and consistent service. The deputy manager organised the rosters based on staff teams, each led by a senior care worker. They told us they made sure the routes that individual care workers were to take between visits were manageable and gave workers enough time to arrive promptly at each person's home. They said there was capacity from within the staff team to cover absences. Both the registered manager and deputy manager were directly involved in providing care when necessary. Staff confirmed there were always enough numbers of staff to provide people's care services and said that cover for absences was properly arranged. One care worker said, "We all help out where we can if staff go sick."

People and their relatives told us they had regular workers who they had got to know over time. They said times of visits may vary on occasions but they were informed if staff were going to be delayed. One person said, "They're always on time." Where people needed two staff to meet their needs they said this was always provided. No-one had any concerns about staff not turning up or not staying for the right length of time. A local authority service commissioner confirmed there had been no reports of any missed visits to people. The provider told us commissioners had previously commended staff for their efforts in giving people a consistent service during extreme weather conditions.

Good

Is the service effective?

Our findings

People and their relatives told us they were happy with the staff who visited them and said they met people's care needs. One person receiving a service told us, "I'm happy with all the carers. They know what I can do." A relative told us staff had helped her when she was ill and said, "I'm very fond of them all and my husband loves them all." Another relative commented, "My mum's on her own all day and she looks forward to seeing them. She's reasonably independent so they work around that." This relative also indicated new staff spent time with their mother's regular workers when they first started, to make sure they fully understood how to give her care effectively. People and their relatives felt the staff were skilled and experienced and could not think of any areas where they might need extra training.

Staff were given training to meet the needs of the people they cared for. The registered manager provided us with an up to date training matrix that gave an overview of the staff team's training. This showed staff had either completed training, or were booked to attend courses in core areas of safe working practices. This included moving and handling, health and safety, first aid, food hygiene, and infection control. Some staff had undertaken training in areas specific to the needs of the people they cared for, such as diabetes awareness, specialist feeding techniques and tracheostomy care. Further training was being organised including 'end of life' care and caring for people living with dementia, including managing behaviours that challenged the service. All staff who had not yet achieved nationally recognised care qualifications were enrolled to study for these qualifications.

The staff we contacted told us their induction training had prepared them for their roles when they began working for the service. They said they received training that enabled them to effectively meet people's needs and were aware that more training was being arranged. They said, "We do a lot of training including some specialist training and NVQ (National Vocational Qualifications)", and, "We're always doing extra training to keep us up to date."

Staff were provided with individual supervision to discuss their performance and personal development. We saw a schedule for supervisions was followed, including regular spot checks when the deputy manager observed staff carrying out their duties in people's homes. Staff confirmed they were appropriately supervised and had monthly staff meetings.

The registered manager said she aimed to provide continuity of staff with the right caring values and any problems with performance were quickly identified and acted on. For instance, where a worker had time management issues, we saw they had been supervised, given a warning and had their probation period extended. Further spot checks showed this had resulted in their performance being improved.

We looked at how people gave their agreement to the care and support they received. We were told most people were able to direct their care and that staff sought permission and would not give any care which people were reluctant or refused to accept. The people and relatives we spoke with confirmed this.

The training matrix showed that six staff, including the registered manager and deputy, had completed Mental Capacity Act training. More staff were being booked on this training for the beginning of 2015. The registered manager acknowledged that some people using the service were unable to make informed decisions about their care. She said staff worked with families and other professionals when any significant decisions needed to be made for people who lacked the mental capacity to decide for themselves. For example, the deputy manager was currently liaising with a social worker about a person who was at risk of going missing from their home. A mental capacity assessment and best interest decision was planned to be undertaken before proposed safety measures were put in place. This would ensure that a formal process was followed to protect the person's rights and underpin staff practice.

People were given appropriate support to meet their eating and drinking needs. The training matrix showed that staff were trained in nutrition and how to handle food safely. People were supported to different degrees including staff preparing meals, heating microwave meals, and making snacks and drinks. People and their relatives told us they were happy with these arrangements. One person said, "They always ask me what I want to eat."

We saw that support with eating and drinking was built into people's care plans. For example, one person was

Good

Is the service effective?

supported flexibly by staff depending on their needs at the time of each visit. This included blending food to the right consistency; assisting the person to eat when they were fatigued; and offering diet supplements given through a feeding tube when necessary. We saw that staff routinely kept records of all meals and drinks given to people, enabling their intake to be monitored. The records also helped staff to offer people choices, according to the food available, so they could be given a balanced diet.

People were supported in meeting their health care needs. The people we spoke with confirmed that staff would assist them by contacting their doctor, nurse or other health professional when required. One relative told us, "This gives me piece of mind", and another said, "If my mum's not feeling well they'll help."

The staff we contacted told us they felt sufficiently skilled and trained in supporting people to help them meet their health related needs. We saw staff had access to information in care records about people's health conditions and contact details for professionals involved in their care. The registered manager told us the service often worked with health care professionals in co-ordinating people's care. She said they gave staff guidance to follow on providing people's care and treatment and some professionals had given staff training. For example, a therapist had shown staff how to carry out speech exercises and use communication aids with a person who had had a stroke.

The deputy manager said staff knew people well and were quick to spot signs of illness. She said they consulted with relatives and, when necessary, contacted doctors and district nurses directly. She told us staff recognised signs of infection and were proactive, for instance, in taking specimens to the doctor or chemist for testing. Staff took precautions to minimise the risk of infection spreading and had recently put extra hygiene measures in place when caring for people affected by a vomiting virus. Care records showed that staff completed charts, such as checks of skin integrity and positional changes for people who were cared for in bed, to monitor their health and welfare.

Good

Is the service caring?

Our findings

People and their relatives told us the staff were caring and kind and treated them with respect. They said that staff listened to them, had a good understanding of what they liked, and worked with them in an enabling way to promote independence. One person said, "They know what I can do as they've known me a long time. They know I can do the hoovering, so they don't do it for me." Another person said, "We get on well with them, they've all been very nice." A relative told us, "They (staff) talk to her and ask her. She's comfortable talking to them." People told us that staff respected their privacy and dignity when assisting them with personal care.

The registered manager told us the service took pride in having good relationships with people and ensuring they were treated with care and compassion. All staff received training in equality and diversity during their induction which gave them the skills to treat people fairly and without discrimination. Staff told us they cared for people as individuals with diverse needs. One worker said, "We always try to adhere to and personalise each client's care to them and their needs and beliefs."

The registered manager said she aimed to provide continuity of staff with the right caring values and that poor attitude or approach by workers would not be tolerated. Where this was identified, staff were given the opportunity to improve otherwise their employment was terminated. Feedback was sought from people in surveys about the way they were treated by staff, including whether their privacy and dignity was maintained and if workers were friendly and respectful. The deputy manager also monitored care practices and communication during her spot checks on staff.

People were encouraged to make choices and decisions about their care and, wherever possible, these were accommodated. The registered manager told us people could have male or female staff and choose whether they wanted staff to wear uniforms. Other examples given included changing the time of a visit to enable a person to attend church, and changing a person's care worker when they didn't want to be supported by someone of a different ethnicity. We noted that some people's care had been sensitively planned and recorded, taking into account the psychological support, reassurance and comfort they may need from staff.

We were told that relatives or social workers were involved in care planning where people were unable to express their views due their physical or mental frailty. Some people had also made formal arrangements such as legally appointing a family member to act on their behalf and making advance decisions about their end of life care. The registered manager told us this enabled staff to be aware of, and provide care and treatment, according to the individual's needs and wishes. The service also worked in conjunction with a specialist nursing service at times, supporting people with life-limiting illnesses and their families.

Good

Is the service responsive?

Our findings

People and their relatives told us they enjoyed positive relationships with staff and said their care was provided in a flexible and responsive way. One person said, “We get on very well. They will do anything for us”, and a relative said, “They always check if she wants a drink or needs any other help”. People felt that staff had enough time to carry out their care and would stay longer if required. A relative confirmed there had been some occasions when their mother was unwell and staff had stayed longer than their allotted time.

The registered manager said the service often responded to requests from local authority commissioners to provide care at short notice. She said the service had capacity to meet people’s changing needs and wherever possible these were accommodated. For example, if a person was ill and needed more care this was arranged and agreed with their social worker. In another example, staff had reported they were unable to meet a person’s needs in the time available. The deputy manager had instigated longer visits in response so that the individual’s personal care was not rushed.

The deputy manager said they met people and their families in their homes and introduced staff before services were started. They went over the care plan provided by the social worker, and looked at the person’s routines and preferences and their preferred times of visits. This enabled people to be involved in making choices and decisions about how they would be supported.

Staff confirmed they met people before they worked with them. They said they were given enough information to help them meet people’s individual needs and became more familiar with their routines as they got to know them. Staff said the deputy manager was good at keeping them up to date with information about any changes in people’s needs.

Staff were able to get support and advice by contacting the office during the day or the on-call system that was operated outside of office hours. A system was also in place for messages left on the office telephone, during the day and at night, to be automatically converted to emails. This enabled the provider, management, or administrative staff to respond promptly to anyone who contacted them about the service.

We observed that people’s care was not consistently planned in a personalised way. Some people had detailed care plans focused on their individual needs, whilst others were minimal statements and task oriented care plans. At times it was difficult to determine when care plans had been drawn up or reviewed as the records were not always dated. The registered manager acknowledged that care recording had lapsed and was not an accurate reflection of the personalised care that people received. She told us all care plans would be brought up to standard and there were plans to carry out a full review of each person’s care and records every six months.

People were given the complaints procedure when they started to use the service. The people we spoke with told us they knew how to make a complaint if they were ever unhappy about their care or the service provided. No-one said they had ever had cause to make a complaint. The registered manager told us that no complaints had been received in the period since our last inspection.

Good

Is the service well-led?

Our findings

The service had an established registered manager. She was supported in managing the service by the deputy manager, and with oversight from the provider who was based at the agency office. We noted the service was registered to provide nursing care as well as personal care. However, the service did not provide, and did not intend to provide, nursing care. We advised the provider to apply to cancel this part of their registration.

The registered manager understood her responsibility to submit statutory notifications to the Care Quality Commission. She said there had been no incidents or events in the running of the service which had required notification since our last inspection.

The staff we contacted said there was good communication and support from management, including support in an emergency. They felt morale was good and that they worked well as a team and supported one another. Staff rated the quality of service they provided to people as either 'excellent' or 'good'. One worker said, "We get a lot of compliments from families so I think we do a good service." Another worker commented that, "The management always say to treat our clients how we would like our family to be treated, so we do."

We saw that the deputy manager took an active part in people's care and regularly observed and contributed to the care workers caring duties. This meant the management had a system for directly checking the quality of the service being provided to people. As well as surveys and regular personal and telephone contact with people, improved systems had been introduced for the auditing of the records of care given. Care records were returned regularly to the office to be checked and analysed.

A management meeting was held every week between the provider, the registered manager and the deputy manager. This meeting reviewed each person's care needs and staffing performance and arrangements. Necessary actions were recorded and delegated appropriately for follow up by staff. The deputy manager also told us they always tried to communicate with staff in an unobtrusive manner, and tried not to interrupt workers when they were carrying out their care duties. Significant information was relayed to staff by email or text, and by placing notes in the front of people's care files for staff to read on their next visit.

Team meetings were held in a convenient location for staff, close to their areas of work. We saw staff were given any updates to people's care needs, discussed practice issues and identified any training needs.

The people we talked with spoke positively about the quality of the service they received. All were happy with the care provided and thought the service was well managed. Relatives told us, "It's very good"; "They are there for me 24/7"; and, "It provides comfort knowing someone's going in to see her."

Most people could not think of anything they would like to be changed about their care service. One relative said they would prefer to have more fixed visit times, although he acknowledged that his relative was fairly independent and was able to do quite a lot herself.

People and their relatives told us they felt staff morale was good and staff seemed happy in their work. One relative said, "They are always cheery and chatty". Another relative said both her and her husband were very fond of their care workers. People said they were kept informed about any changes to their service. They knew how to contact the office and those who had done so said this had been a positive experience. One relative commented, "They've always been helpful and courteous."

We saw the systems in place for capturing feedback from people using the service and their families. Many compliments had been received and recorded and the provider said he thanked staff either in person or in writing to ensure they were given praise and felt valued. We found no evidence of any negative feedback from people using the service, or of any concerns having been raised, either in the service records or in our direct contact with people.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records People who use the service were not protected against the risks of unsafe or inappropriate care because accurate and appropriate personal records were not maintained. Regulation 20 (1) (a).