

Panacea Senior Care Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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

About the service

Panacea Senior Care Limited is a domiciliary care service registered to provide personal care to older people including those living with dementia, mental health needs, physical disability, and younger adults. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of the inspection four people were receiving personal care support.

People's experience of using this service and what we found

The service had moved address and all associated records to a new location without informing the CQC and completing the necessary CQC records, so the new address was recorded on CQC registers. The service did not have a registered manager in post.

People and their relatives told us they felt safe with the staff. People were supported by enough and suitable staff who knew how to keep them safe from the risk of harm and abuse. People were supported safely with medicines. People were protected from the risk of infection. The service had a procedure to record accidents and incidents.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's healthcare and associated risks were identified and assessed. Risk assessments included mitigating factors to ensure safe care. People's needs were assessed before they received a service. People's needs were met by staff who were well trained and received regular support and supervision. People's dietary needs were met effectively.

People and their relatives told us staff were caring and treated them with respect and dignity. People and their relatives were very happy with the service. People were involved in making decisions regarding their care. People were supported to remain as independent as possible.

Care records were up to date, person centred and comprehensive. People's cultural and religious needs were respected when planning and delivering care.

Discussions with the registered manager and staff showed they respected people's sexual orientation so that lesbian, gay, bisexual, and transgender people could feel accepted and welcomed in the service. The provider had a complaints procedure in place and people knew how to make a complaint.

People, relatives and staff told us the manager and the nominated individual were supportive. Staff told us they felt well supported by the service. The service had effective quality assurance processes in place.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good. (published 15 December 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

Since the last inspection we recognised that the provider had failed to notify the Care Quality Commission of moving address and not having a registered manager. This was a breach of Regulation 15 Registration Regulations 2009 Notifications – notices of change. Full information about CQC's regulatory response to this is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

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 ●

Panacea Senior Care Limited

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of two inspectors.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager who was undergoing the registration process with the Care Quality Commission. A registered manager similar to the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or the manager would be in the office to support the inspection. Inspection activity started on 5 February 2020 and ended on 10 February 2020. We visited the office location on 5 February 2020.

What we did before the inspection

We reviewed information we had received about the service since its registration. Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and

improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with the nominated individual, the manager and two care workers. We reviewed three people's care records, three staff personnel files, staff training documents, and other records about the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and the end of life policy. We spoke to two people who used the service and two relatives.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to ensure people were safeguarded from the risk of abuse.
- People and their relatives told us they felt the service was safe. One person said, "Yes [feel safe]." A relative told us, "Oh yes I do [feel safe]. [Staff] are very genuine and sincere."
- Staff had received training in safeguarding people and knew how to report concerns. One member of staff said, "I would contact my manager. I could report to CQC [and] social services."

Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing were assessed, managed and regularly reviewed. These were for areas such as moving and handling, physical, medicines, capacity, toileting, skin care, nutrition, psychological wellbeing and environment.
- Staff knew about people's individual risks in detail. One staff member said, "[The manager] gets in touch with the family or the GP [if people's health condition changes] and say this has happened. Yes, they do a risk assessment and we also put everything down in the folder and it gets read by managers."

Using medicines safely

- Medicines were managed safely. The staff responsible for the administration of medicines were up to date with their training. A staff member said, "[Medicines training] is very good. It keeps you up to date to make sure you are giving the right medicine at the right time."
- The service had a medicines policy in place which covered the recording and administration of medicines.
- Medicine Administration Records (MARs) were completed and checked regularly. Staff we spoke with confirmed this.
- People and their relatives told us medicines were managed safely. One person told us, "[Staff] help me with my medicines." One relative said, "[Staff are] very good at medicines."

Staffing and recruitment

- People were supported by staff who were appropriately recruited. The service had a robust recruitment process in place. This ensured staff were suitable and had the required skills and knowledge needed to care for people.
- Staff files contained appropriate checks, such as references, health screening and a Disclosure and Barring Service (DBS) check. The DBS checks people's criminal record history and their suitability to work with people in a care setting. Full employment histories were recorded on application forms.
- People and their relatives told us staff were punctual. One person said, "[Staff] come at the right time." A

relative told us, "Yes [staff] come on time. [Staff] do [let me know if they are running late]." Another relative commented, "If any problems happen like if a [staff member] is held up with another client I am always informed. They provide additional care. There is someone always there."

- There were sufficient staff in place to meet people's needs safely. People, relatives and staff confirmed this. One staff member said, "Yes [there are enough staff]." Another staff member told us, "Yes [enough]. There are usually other carers that will cover."

Preventing and controlling infection

- The service followed safe infection control practices to ensure people and staff were protected against the risk of the spread of infection.
- The service had infection control policies in place. Staff had received training in infection control.
- Staff were clear on their responsibilities with regards to infection prevention and control, and this contributed to keeping people safe. One staff member said, "I wear gloves and aprons. The company provides. When you run out you tell them."

Learning lessons when things go wrong

- There were clear accidents and incidents processes in place that showed how appropriate and timely actions were to be recorded. The manager told us the service had no accidents and incidents since the last inspection.
- The provider did not record lessons learnt. We discussed this with the manager who told us they would review their processes, and record lessons learnt moving forward. After the inspection the manager sent us an updated accident and incidents template that included lessons learnt.

Is the service effective?

Our findings

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Information about people's needs was available in the office and in people's care records.
- The service carried out an initial assessment of people's needs before the service began. Records demonstrated people who used the service and relatives were involved in this process. One relative said, "Yes they did an assessment."
- People and their relatives told us staff knew their needs and provided individualised care. One relative said, "[Staff] think more about the person. They are very supportive of my [relatives] and me."

Staff support: induction, training, skills and experience

- People were supported by staff who were suitably trained. When new staff joined the service, they completed an induction programme which included shadowing more experienced staff. The manager told us staff were about to start the Care Certificate. The Care Certificate is a set of standards that social care and health workers use in their daily working life.
- Staff told us training was offered on a regular basis. Records confirmed this. A staff member said, "Loads [of training]. Health and safety, [and] medication [training]. Definitely [useful]."
- Staff were provided with opportunities to discuss their individual work and development needs. Supervision regularly took place, where staff could discuss any concerns and share ideas. One staff member said, "[Supervision is] every one to three months. [Discuss] how I improved [and] what can change." The service completed annual appraisals with staff.

Supporting people to eat and drink enough to maintain a balanced diet

- People and their relatives told us staff supported them with their meals when needed. People who had support told us staff offered them choice and gave them the food and drink they wanted. One person said, "My friend does the food. Sometimes [staff] do it when she is not here."
- A relative told us, "[Staff] get something from the freezer and put in the microwave." Another relative said, "[Staff] make food from scratch and sometimes heat up."
- Care plan's recorded people's dietary needs and food likes and dislikes.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service worked with other agencies and health professionals to ensure people received effective care.
- Staff were able to recognise when people's health had deteriorated and ensured appropriate medical advice was sought. A relative told us, "[Staff] did notice [person] wasn't well and had a cold and they let me know." Another relative said, "[Staff] picked up [relative] had a chest infection."

- Records showed the service worked with other agencies to promote people's health such as GPs and district nurses.

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.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People and their relatives told us staff asked for their permission before providing support. One person said, "Yes, [staff] ask if I want the heat on." A relative told us, "Yes [staff] do ask [person] before helping."
- Staff understood they should seek consent before giving care and encouraged people to make choices for themselves. Staff told us they asked people for their consent before giving personal care or support. One staff member said, "[Ask for consent when] giving food or medicine, [and] when washing and changing [people's] clothes."
- The manager and staff had a good understanding of MCA.
- Records confirmed the service had requested information on Lasting Power of Attorney (LPA) documents when people had appointed legal representatives to confirm they could act on the person's behalf should they be unable to make their own decisions. A LPA is a legal document that lets you appoint one or more people to help you make decisions or to make decisions on your behalf.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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

- People and their relatives told us staff were caring and treated them well. One person said, "[Staff] are caring." A relative commented, "[Staff] understand [person] and they know her. They talk to her." Another relative told us, "I think [staff] really do actually care. It is more than making sure they are washed and dressed. They care about them."
- Staff showed a good awareness of people's individual needs and preferences. One staff member said, "Very good [relationship with people] because I relate to people quite well. I don't look at the time, I will just give them a little bit more [time] to make them more comfortable." Another staff member told us, "Everyone has their bad days because [people] might be in pain. I make sure they're comfortable and if they don't want to talk I just smile and ask if they want a cup of coffee."
- Discussions with the staff members showed that they respected people's sexual orientation so that lesbian, gay, bisexual, and transgender people (LGBT) could feel accepted and welcomed in the service. A staff member said, "[LGBT people] just the same as anyone else really." Another staff member told us, "It's not a problem with me [caring for LGBT people]."
- People's care records reflected their needs in relation to their protected characteristics including religion, culture, language, and gender. This enabled staff to provide person-centred care. The Equality Act 2010 introduced the term "protected characteristics" to refer to groups that are protected under the Act. It is unlawful to treat people with discrimination because of who they are.

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

- People were supported to express their views and to be involved, as far as possible, in making decisions about the care and support they received.
- Records showed people who used the service and relatives were involved in care planning and reviews of care. A relative told us, "[Relative] has a care plan." Another relative said, "There is a care plan. We sat down and created a care plan. It was reviewed."

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us their privacy and dignity were respected. One relative said, "Yes [staff] do [promote privacy and dignity]. [Staff member] is very nice." Another relative told us, "[Staff] are very respectful and very caring of my [relatives]."
- Staff we spoke with gave examples about how they respected people's privacy. One staff member told us, "[Show dignity and respect by] listening and understanding [people]. When we are giving them a wash I use a towel [to cover] them."

- Care plans instructed staff how to encourage people's independence. For example, one care plan stated, "[Person] is able to shave himself, but he would need some help with the final touch."
- Relatives told us the staff help to maintain people's independence. One relative said, "[Staff] encourage my [relatives] to choose the food and help make. "
- Staff told us they maintained people's independence and people were asked about what they were able to do. A staff member said, "Give [people] the independence they want and need and those that are capable of doing for themselves. You ask them, and you also give them a helping hand."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. People's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were supported with their personal needs and as per their wishes. People's care plans informed staff about the support people needed to meet their needs. There was clear information about how to support people with daily routines in line with their preferences.
- Care plans were regularly reviewed, and people were encouraged to contribute to reviews to help ensure their needs were accurately reflected.
- After each care visit staff completed daily notes to record the support provided and capture any changes in people's needs. Records confirmed this.
- The service was flexible and responded to people's needs. People and their relatives told us about how well the service responded if they needed additional help or changes to their visits. One relative said, "My [relative] likes to have a regular pattern. I asked [the office] to email or communicate when changes or different members of staff were coming in, so I could let [relative] know. [Manager] has been brilliant to keep me updated. I appreciate that they let me know."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Each person had their communication needs identified in their care plan which detailed how they wished or needed to communicate.
- Records showed people's communication needs had been assessed and were known to staff. Care plans showed people's sight, hearing and speech were assessed.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to make a complaint. Everyone we spoke with felt comfortable to make a complaint. One person said, "I would complain to [manager]." A relative told us, "I would speak to [nominated individual]."
- The provider had a complaints policy and processes in place to record and investigate complaints.
- The manager told us the service had not received any formal complaints since the last inspection.

End of life care and support

- The provider had an end of life care policy and systems in place to support people with their end of life

wishes and palliative care needs.

- The manger told us the service was not supporting anybody who was reaching the end of their life at the time of our inspection.

Is the service well-led?

Our findings

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.

At the last inspection this key question was rated as good. At this inspection this key question had deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager and staff were clear about their roles in providing care that met the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014.
- However, the service had moved address and all associated records to a new location without informing the CQC and completing the necessary CQC records, so the new address was recorded on CQC registers.

The above issue was a breach of Regulation 15 of the Care Quality Commission (Registration) Regulations 2009.

- The service did not have a registered manager in post. The previous registered manager had left the service in November 2018. The previous registered manager had now returned to the role and told us they have been acting as manager since January 2020. Records confirmed they had started the process of applying to be the registered manager. We are considering what action we take and we will report when it is completed.
- The provider had policies and procedures in place relevant to the service, and to ensure the safety and quality of the service.
- The service had appropriate quality assurance and auditing systems in place designed to drive improvements in its performance. Spots checks on staff were completed and helped to monitor their performance.
- The manager understood their responsibilities in relation to duty of candour. Duty of candour is intended to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service was providing person-centred care to people and this was evident from care records and from speaking with people who used the service and their relatives.
- The nominated individual and the manager had good oversight of the service and understood the needs of people they supported. They knew people and their needs well which helped ensure their needs were met by the staff team.

- People and their relatives were positive about the manager. One person said, "[Manager] is a nice person." A relative told us, "[Manager] is very good." Another relative said, "I think [manager] is great."
- People and relatives were complimentary about the running of the service. One person said, "I think [the service] is very good. I am happy with them." A relative told us, "I think they are brilliant. They are very caring. They think more about the person. They are very supportive of my [relatives] and me." The same relative said, "[Senior staff] came around with a birthday cake on [relative's] birthday. It was lovely."
- Staff told us they enjoyed working for the service. One staff member said, "[The provider] is very helpful. They give you a lot of advice and they give you reassurance. They keep up to date with all the training."
- Staff spoke positively of the manager. One staff member said, "[Manager] really nice. Yes, she is [a good leader]. Very understanding as well. She does listen." Another staff member told us, "[Manager] is very good. She is very easy to get on with. She is a lovely person."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- Staff meetings took place regularly to give staff an opportunity to discuss any changes to the organisation, working practices and to make suggestions.
- People and their relatives were asked for their views of the service through face to face and telephone questionnaires and regular visits from management.
- The service worked in partnership with the local authority, health and social care professionals and commissioners.
- The manager kept up to date with developments in practice through working with local health and social care professionals and by attending relevant training.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 15 Registration Regulations 2009 Notifications – notices of change The service had moved address and all associated records before receiving authorisation from the Care Quality Commission (CQC). Regulation 15(1)(a)(b)