

Patina's Homecare Services

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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?	Good ●

Summary of findings

Overall summary

About the service:

Patina's Homecare Services is a domiciliary care service. They provide personal care and support to people living in their own homes. At the time of our inspection 26 people were using the service and it employed 15 care staff.

People's experience of using this service:

Quality systems and processes had been improved and had helped drive improvement in the service. We have recommended that the service continue to develop and strengthen its governance structure and systems. Positive comments were received regarding the management of the service.

People were supported by regular staff who ensured people received their care at the correct times.

Risks to people were assessed, managed and responded to. People received their medicines as required.

Staff received training and support to meet people's needs.

People's dietary needs were met, and staff supported people to access healthcare services where required.

Staff ensured they sought consent from people when providing them with support.

Staff were kind, caring, and respectful. They valued people's independence and supported this where possible.

People were involved and listened to regarding their care needs. Staff ensured people's personal preferences and needs were met. These were documented clearly in people's care plans.

We have recommended that the service review and prepare for how they will meet the needs of people at the end of their life.

Rating at last inspection:

At the last inspection the service was rated as 'Requires Improvement'. (Report published 22 May 2018).

Why we inspected:

We inspected this service in line with our inspection schedule for services currently rated as requires improvement.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any information is received that we need to follow up, we may inspect sooner.

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

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
Details are in our Safe findings below.

Is the service effective?

Good ●

The service was Effective
Details are in our Effective findings below.

Is the service caring?

Good ●

The service was Caring
Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was Responsive
Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was Well-led
Details are in our Well-Led findings below.

Patina's Homecare Services

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

One Inspector and one expert-by-experience carried out this inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own homes. Not everyone using Patina's homecare services receives a regulated activity; 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 consider any wider social care provided.

The service is required to have a registered manager. 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. At the time of our inspection, a manager was registered with us.

Notice of inspection:

We gave the service 72 working hours' notice of the inspection site visit because we needed to arrange to speak to people using the service and ensure we could access the service's office. Inspection site visit activity started on 20 May and ended on 21 May. We visited the office location on 21 May 2019 to see the manager and office staff; and to review care records, policies and procedures.

What we did:

We reviewed information we had received about the service since their last inspection. This included details

about incidents the provider must notify us about, such as abuse. We sought feedback from the local authority. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection we spoke with 10 people and six relatives to ask about their experience of the care provided. We spoke with eight members of care staff. This included; four care assistants, two senior care assistants, one team leader, one care manager and the registered manager.

We reviewed a range of records. This included five people's care records and four people's medicine records. We also looked at two staff files which included training and supervision records. We looked at records relating to compliments and complaints and records relating to the management of the service.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and trusted the staff that visited them.
- Information on safeguarding and who to report concerns to was given to people and staff.
- The registered manager had identified possible safeguarding concerns and responded appropriately.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Individual risks to people were assessed and recorded. These covered areas such as nutritional risks, skin integrity, moving and handling, and environmental issues. Clear guidance for staff on how to manage these risks was included.
- Staff provided us with individual examples of how they managed and responded to risks.
- The service kept a record of incidents that occurred, such as falls. We saw these incidents where reviewed and follow up actions taken in response. For example, for one person the registered manager had made referrals on their behalf to help assess their mobility and reduce the risk of further falls.

Staffing and recruitment

- Most people and relatives told us they were happy with staffing levels in the service. People were cared for by consistent and regular staff. They knew in advance which staff were visiting and when. One person told us, "They give you a rota for the week ahead, so you know who is going to walk through the door, it's very rarely changed."
- One person and a relative said some staff did not always stay for the full allocated time. A relative told us, "I have been there sometimes when they should be there and they have already gone. Maybe they go five or ten minutes early. They should be staying and talking to [Name] but I don't think they stay and talk to them. Sometimes they get done and go."
- The registered manager told us they regularly checked the length of time staff recorded and were aware this was an issue in one or two cases. They told us they planned to address this directly with staff and monitor this for improvements.
- People told us staff were rarely late. One person said, "[Staff] are very reliable on timing."
- The registered manager told us, "We don't send carers in to strangers." It was confirmed by staff that they always met the person they were supporting in advance.
- Staff had been recruited safely, this included ensuring references and other character checks were in place.

Using medicines safely

- People told us they received their medicines as required. Medicine records were completed accurately.

- Some changes were needed in relation to how medicines were being recorded. Staff had not always countersigned when handwritten entries had been made on people's medicine records in order to reduce the risk of errors.
- There was no guidance for staff on the use of medicines that were administered 'when required'.
- The registered manager told us they would ensure these changes were made following our inspection.
- The management team carried out regular medicine audits and competency checks on staff.

Preventing and controlling infection

- Staff had received training in infection control.
- The service made sure staff had access to personal protective equipment, such as aprons and gloves. They monitored the use of equipment, so they could be assured staff were using these appropriately. People confirmed to us this equipment was used when staff visited people.

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

Good: □ 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; Staff working with other agencies to provide consistent, effective, timely care

- The service assessed people's care needs. The assessments included areas such as people's medical history, their preferences on how aspects of their care should be delivered, and people's social histories.
- The service liaised with health and social care professionals where necessary. Information and advice from these professionals had been incorporated in to people's assessments.
- People and relatives felt staff understood how to support their individual needs. One person said, "In the four years I have been having them there have been no problems. They always know what they are doing."
- Staff told us they worked well together and supported each other to ensure consistent and effective care was provided. A staff member said, "[Staff] all communicate very well and I think that's a big part of care otherwise It can all go wrong."

Staff support: induction, training, skills and experience

- Staff received training in areas such as first aid, moving and handling, safeguarding, mental capacity, food hygiene, health and safety, equality and diversity, and dementia. Records showed staff training was up to date.
- Staff spoke positively of the training provided. They told us there were opportunities to discuss their learning and the management team tested this through discussions and regular quizzes.
- New staff received a thorough induction and their competency to carry out their role was checked and confirmed before they worked with people on their own.
- Staff received regular supervisions and appraisals, this included regular unannounced spot checks to assess their competency. One staff member told us, "Sometimes you will think you are on with one member of staff and [care manager] might be there [instead]."

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

- People told us staff supported them with their meals and ensured they had a ready supply of drinks. A relative told us, "They keep [name] well supplied with squash, orange juice and cups of tea. They cook [name] a lovely dinner."
- Assessments and care plans provided information and guidance on people's nutritional and dietary needs. Staff provided us with examples to show they understood and supported individual nutritional needs.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to manage their health needs and access health care services. A relative told us how staff had identified an issue with the management of their relative's health need, taken action, and prevented the person's condition from deteriorating.

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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA.
- The service recorded if people could make decisions regarding their care needs. The registered manager told us no one using the service lacked the capacity to make such decisions.
- People told us staff sought their consent regarding the support they provided. One person said, "[Staff] always do what you want." A relative told us, "[Staff] always ask, they don't say I'm going to do this."

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

Good: 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 relatives spoke positively about the staff. One person said, "[Staff] are wonderful. They treat me well and they chat to me." A relative told us, "[Staff] have a good sense of humour and that can break down barriers. We have a very good rapport with two of them. They are also a source of information and advice. [Staff] are kind and caring and [name] looks forward to them coming. They chat to [name] while they are doing stuff."
- Staff spoke about people in a caring and compassionate manner. One staff member told us, "I love it, I wouldn't do any other job. Knowing they can stay in their own homes and you make a difference to them." Another staff member said, "[Staff] are so caring they really do take a vested interest."
- The management team were aware of people's diverse range of needs and were respectful and accommodating of these.

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

- People told us they were supported by regular staff with whom they had a good rapport and could talk to. There were yearly formal meetings with people to discuss and review their care. One person told us, "[Care plan] is reviewed annually. If I had anything I needed to change they would do it if I asked."
- Staff told us how they ensured they listened to people and involved them when meeting their care needs. One staff member said, "When I first go in to someone I read the care plan and then I ask the person how they like things done." Records documented people's personal preferences and demonstrated people had been involved in discussions about their care.

Respecting and promoting people's privacy, dignity and independence

- Staff respected and promoted people's privacy, dignity and independence. A relative told us, "The carers they send out are excellent, they treat them with respect, they are polite, they ask them before they do anything."
- Staff were keen to support people's independence and told us this was important to them. One staff member told us, "I like working in people's home and giving them independence."
- People's care plans detailed where they needed support from staff and what tasks they could do independently.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People and their relatives told us they had been involved in the planning of their care. One person told us, "I have been involved. I like that side. I like to feel that I have been consulted. I work with them and they work with me." A relative said, "[Staff] came over to [relative] and asked what they liked and what times, they built the plan around them really."

- People told us the service was responsive and accommodating regarding their preferences and needs. A person said, "They always go out of their way to find someone even if its late notice." One relative told us, "They have adapted [name's] care according to the changing circumstances."

- People were supported by regular staff who knew them well in most instances. This helped them deliver care that met individual needs and preferences. One staff member told us regarding one person's specific communication needs, "Because I'm there all the time I know what they can understand and what they can't."

- Additional information about people's needs and interests were recorded via a 'one-page profile'. This included information such as relationships that were important to the person and their hobbies and interests.

- Staff told us, and records showed, that any changes to people's needs were communicated and care plans updated accordingly.

Improving care quality in response to complaints or concerns

- Records showed the service had not received any recent formal complaints. We saw they had received four recent compliments regarding the care provided.

- People told us they knew how to complain and when they had raised minor issues these had been addressed promptly. One relative told us, "I can ring the office or email them. They respond straight away and deal with the issue. There has been nothing drastic, only minor things."

End of life care and support

- None of the people using the service required end of life care. The registered manager told us the service had not supported anybody with these needs.

- People's care plans did not record their end of life wishes or needs and the service did not provide any training for staff on end of life care.

- We recommend that the service review associated best practice guidance and prepare for how they will provide support to people with this specific need.

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Continuous learning and improving care; Working in partnership with others

- Since our last inspection the service had worked with other stakeholders to make improvements to the service. This had included attending external training.
- Quality monitoring systems had improved since the service's last inspection. The management team carried out regular audits on areas such as medicines, staffing records, and care records. We saw the management team had identified issues through these audits and acted to address them.
- Some improvements were needed to the recording of these audits. For example, the medicines audits were a tick box to say medicine records had been checked. They did not record what specific areas the audits were checking. However, when discussing this with the management team they were able to tell us how they conducted these audits and demonstrated an understanding of how to carry out a detailed audit in these areas.
- Some additional work was required to help drive and sustain the quality of care. For example, where informal issues or concerns were raised they were recorded within people's care records. This meant it would be difficult to analyse these issues for any themes or track and ensure improvements had been made.
- There was no overall service development plan to help drive and sustain the quality of care. This also meant that where the service had identified areas for improvement these could not be incorporated in to action plan and there was a risk that required actions could be missed.
- We recommend the service continue to strengthen and develop its governance structure and systems.
- Whilst some improvements were needed regarding governance systems and associated records this had not detracted from the quality of care provided overall. Improvements made in the service following our last inspection demonstrated the management team had understood and driven positive change in the service.
- The management team displayed a good overview of the quality of the service. Additional measures to support this were in place, such as regular spot checks of staff and regular quality audits with people and relatives.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- People, relatives, and staff were positive about the management of the service. A relative told us, "I get on well with them. They try their hardest to help." A second relative said, "All extremely pleasant and efficient."
- There was a clear organisational structure, with defined roles and responsibilities. Staff demonstrated they understood these.

- Staff were positive about the support provided from the management team. One staff member told us, "I've worked for other care companies, but I just find the way Patina's work and how they organise things is a lot better."
- No notifications of incidents that occurred in the service had been submitted to us. The registered manager told us this was because there had been no occasion to do so, records we looked at confirmed this.

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

- Systems were in place to provide people, relatives, and staff opportunities to provide feedback on the service. These included regular contact through quality reviews and customer audits, and regular staff meetings.
- Staff told us they felt involved and engaged in the service, and staff morale was good. One staff member told us, "It's like a little family really."