

Pennine Social Care Limited

Pennine Social Care Limited Head Office

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 04 January 2017. The registered provider was given short notice of our inspection. We did this because the service is small and the registered manager is sometimes out of the office or providing care and we needed to be sure that they would be available. This was the first comprehensive inspection of the service which was originally registered with the Care Quality Commission in May 2015.

Pennine Social Care Limited Head Office is a domiciliary care service. They are registered to provide personal care to people in their own homes. At the time of our inspection the service was supporting people with a variety of care needs including older people and younger people living with family members. Care and support was co-ordinated from the services office which is based in Oldham.

There was a registered manager which oversees services provided from the office. 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 there were 11 people using the service. We spoke on the telephone with four people who used the service and six relatives. We asked people about their experiences of using the agency. People we spoke with told us they were mostly happy with the service provided.

People told us they felt safe in their own homes and staff were available to offer support when needed to help them maintain their independence. People's needs had been assessed before their care package commenced and some people told us they had been involved in formulating and updating their care plans. We found the information contained in the care records we sampled was individualised and identified people's needs and preferences, as well as any risks associated with their care and the environment they lived in.

We found people received a service that was based on their personal needs and wishes. Changes in people's needs were identified and their care package amended to meet their changing circumstances. Where people needed assistance taking their medication this was administered in a timely way by staff who had been trained to carry out this role. We found staff had signed to confirm they had supported/prompted people with their medication. However, we found two people were prescribed creams to prevent pressure sores. Staff confirmed they applied the creams but did not complete a MAR's when they applied the creams. We raised this with the registered manager, and asked that these items were added to the MAR's.

The recruitment of staff was not sufficiently robust to ensure staff were employed with all of the required employment checks. You can see what action we told the provider to take at the back of the full version of the report.

There were sufficient trained staff employed to ensure people received their care consistently. People told us that they received support from mostly the same care workers.

People were able to raise any concerns they may have had. We saw the service user guide included 'how to make a complaint.' However, elements of the guide required updating to reflect the current regulations.

People were encouraged to give their views about the quality of the care provided to help drive up standards. However the quality assurance systems had not been effective in identifying areas for improvement. Investigations in relation to complaints were not fully recorded. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not safe.

Staff knew how to recognise and respond to abuse correctly. They had a clear understanding of the procedures in place to safeguard vulnerable people from abuse.

Individual risks had been assessed and identified as part of the support and care planning process.

The recruitment of staff was not sufficiently robust.

Medication procedures required some improvement to make it safer.

Is the service effective?

Good ●

The service was effective.

Staff had a programme of training and were trained to care and support people who used the service safely and to a good standard.

Staff we spoke with were aware of gaining consent before delivering care

People were supported to access healthcare professionals, such as GPs, and hospital appointments.

Is the service caring?

Good ●

The service was caring.

People told us they were mostly happy with the care and support they received to help them maintain their independence. It was clear from speaking with staff they had a good understanding of people's care and support needs and knew people well.

People were involved in making decisions about their care and staff took account of their individual needs and preferences.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Most people had been encouraged to be involved in planning their care. Care plans were individualised so they reflected each person's needs and preferences. Care records had been reviewed and updated in a timely manner.

There was a system in place to tell people how to make a complaint and how it would be managed. Records required some improvement to demonstrate how complaints were investigated.

Is the service well-led?

The service was not well led.

The systems or processes to evaluate the service required some improvements to demonstrate the actions taken to improve the service.

Staff were clear about their roles and responsibilities, and they felt supported by managers at the service.

Policies and procedures required some improvements to make them more effective.

Requires Improvement 

Pennine Social Care Limited Head Office

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 inspection took place on 04 January 2016 and was announced. The registered provider was given short notice of our inspection. We did this because the service is small and the registered manager is sometimes out of the office or providing care and we needed to be sure that they would be available. The inspection team consisted of an adult social care inspector. We spoke on the telephone with four people who used the service and six relatives. This helped us to understand the views and experiences of people who used the service.

Prior to the inspection visit we gathered information from a number of sources. We also looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. We did not ask the provider to complete the provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We gathered information from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also spoke with a district nurse who attended one of the people who used the service. They did not raise any concerns about the care provided to the person.

At the office we spoke with one of the directors and the registered manager who also delivered personal care to people who used the service. We also spoke with five care staff who worked with people who used the service in the community.

We looked at documentation relating to three people who used the service, six staff files and the

management of the service. This took place in the office. The registered manager told us the care plans were also stored in people's home. These were copies of the files held at the office.

Is the service safe?

Our findings

People told us they felt safe in their own homes and staff were available to offer support when needed to help them maintain their independence. One person said, "They [staff] have been coming for a while so they know what needs doing for me." Another person said, "I like the same staff so that I can develop trust. We went through a period when we saw a lot of different staff but it is settling down now." One relative that we spoke with told us, "Some staff turn up late which is a little worrying as my family member likes the same routine."

We spoke with staff about their understanding of protecting adults from abuse. They told us they had undertaken safeguarding training and would know what to do if they witnessed bad practice or other incidents that they felt should be reported. They said they would report anything straight away to one of the managers.

The registered manager told us that they had policies and procedures to manage risks. Staff understood the importance of balancing safety while supporting people to make choices, so that they had control of their lives. We saw care and support was planned and delivered in a way that ensured people's safety and welfare. We looked at three people's care files at the agency's office. Records were in place to monitor any specific areas where people were more at risk, such as how to move them safely, and explained what action staff needed to take to protect people. We saw the occupational therapist had been involved in writing people's moving and handling plans. A staff member we spoke with told us that the physiotherapist had showed them how to do stretchers with one person to help with their mobility.

The registered manager showed us examples of environmental risk assessments which were undertaken prior to the service commencing. For example, risks associated with pets in people's homes were considered to ensure staff were protected.

The service had a policy on the management of medicines that enabled staff to be aware of their responsibilities in relation to supporting people with medicines. Staff we spoke with told us that they had received training in the subject. The registered manager told us that staff supported/prompted people to take their medication which was stored in either original boxes or a monitored dosage system. We checked the medication administration records (MAR) belonging to two people. We found staff had signed to confirm they had supported/prompted people with their medication. However, we found two people were prescribed creams to prevent pressure sores. Staff confirmed they applied the creams but did not complete a MAR's when they applied the creams. We raised this with the registered manager.

We spoke with people about the support they received to take their medication. One person said, "I take my own medication, I know what the tablets are for and I do not need any support with them." Another person said, "They (staff) just prompt me to take my medication but I can do it myself." A number of relatives we spoke with told us that they carried out this task for their family members.

We found that the recruitment of staff was not robust or thorough. We found application forms did not

contain detailed information about their employment history. This meant the registered manager could not check any unexplained gaps in employment. This is essential when employing new staff to ensure only suitable people are employed to work with vulnerable adults by the service. The registered manager was unable to demonstrate how this was carried out. We also found telephone references had been accepted when written references had not been received.

The registered manager told us that staff were not allowed to commence employment until a Disclosure and Barring Service (DBS) check had been received. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults. We saw all the files we looked at contained a DBS check. However, we found no written evidence to confirm the registered manager had carried out a risk assessment when convictions were identified on DBS checks. The registered manager told us that they had held a conversation with the staff member, but they had not recorded the conversation.

This was a breach of regulation 19 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

We asked people who used the service if they got their calls/visits when they were supposed to or within an acceptable time frame, and also if they had experienced missed calls. We received very mixed responses from the relatives we spoke with. One relative said, "We have experienced times when the carers were late for calls. This occurs mostly at the weekend." Another relative told us that they had raised a complaint when care over the Christmas period was extremely late. They said, "My family member did not get their Christmas dinner until 6.30pm. This was far too late." People told us that they were mostly supported by the same carers. This meant they were able to build up a good rapport with the staff. One person said, "I like my carer they are more like a friend to me."

The registered manager told us that only 15 staff were employed at the service and most of the staff were employed through 'word of mouth'. She told us that there had been a lot of staff changes which had affected the running of the service. They told us that they were not planning to take on more care packages until the staffing was more stable.

Is the service effective?

Our findings

People were supported to live their lives in the way that they chose. One person we spoke with told us that they liked their independence and wanted to remain in their own home for as long as they could. People were supported to have their needs assessed. This ensured their wishes and preferences were respected. A relative who we spoke with told us that they were visited by the registered manager before the care pack began. They told us they talked over the care and support their relative would need to stay safe before setting up the package of care.

Some people we spoke with told us care workers were involved with food preparation while other people did not require any assistance as this was attended to by relatives. We found that where staff were involved in preparing and serving food people were happy with how this took place. One person told us that staff helped to heat a microwave meal while another preferred to have soup and a sandwich. However, one relative raised a concern with us that staff did not always make sure meals were thoroughly cooked before leaving the person with meals that were not very appetising. We suggested that the relative raised this issue directly with the provider, giving specific meals that their family member were complaining about.

Care workers that we spoke with told us how they worked with other external agencies such as GPs and district nurses to make sure people who were at risk of poor nutrition or dehydration were being supported appropriately. Daily records were completed which stated what the person had eaten and drunk each day and staff we spoke with described how they would raise issues with healthcare professionals or the person's family if they needed to.

We saw that the agency worked with health professionals such as occupational therapists, physiotherapists and district nursing services. We saw care plans included advice from these professionals. We spoke to a district nurse about the care and treatment of one person who used the service. The relative of this person had raised concerns with us about the length of time their family member was sitting out of bed. We discussed this with the district nurse who raised no concerns about the person's care and treatment.

Records we looked at confirmed staff were trained to a standard expected by the provider. The registered manager told us that staff could access training through a training organisation which delivered most of the mandatory training. We saw certificates which confirmed the training completed by staff. The registered manager had recently developed a training plan which identifies when refresher training was required. We spoke with relatives about the staff that delivered care to their family member. One relative we spoke with said, "I sometime worry that staff are not trained to deal with my family members health issues." They went on to tell us that their family member had a nut allergy and they said they were not confident that staff would know how to respond to an emergency if their family member had eaten foods containing nuts. We discussed this with the registered manager who was aware of the situation and was in contact with the relative and health professionals to resolve the concern.

The registered manager told us all staff completed a comprehensive induction which included, care principles, service specific training such as dementia care, equality and diversity, expectations of the service

and how to deal with accidents and emergencies. Staff were expected to work alongside more experienced staff until they were deemed to be competent. The registered manager told us that the timescale to reach the expected standard would be varied between individuals. They told us they would closely monitor individuals that may need additional support to reach competency standards.

The registered manager told us that they had regular telephone contact with the staff. However, staff meetings did not take place. Staff received their work on mobile phones which were also used as a call monitoring system. The registered manager showed us how they monitored where staff were at any time and how long they remained at calls.

Staff we spoke with told us that they had worked at the agency for a number of months. Most had worked at the service for less than a year. They received guidance and support from the managers and their peers. Staff told us they worked mainly with the same care workers which meant they consistently worked with the same people who used the service. Staff told us they found managers were available whenever they needed to contact them.

We looked at formal supervisions which were undertaken at the office. They were completed to an adequate standard. Observations of work practice also took place in people's own homes. We saw copies of these spot checks on the staff files we looked at.

We spoke to the registered manager about gaining consent to care and treatment. She told us that staff had received some training in the Mental Capacity Act 2005 when they completed their induction in the service. The registered manager said that most people they supported had some capacity to say how they wanted their care delivered in their own homes.

Where people who had limited capacity received support they were usually living with a spouse who shared caring responsibilities with the care workers and other relatives. The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment.

We saw some of the care files that we looked at contained consent to care and treatment forms in relation to medication administration which had been signed by the person receiving the care.

Is the service caring?

Our findings

Staff working with people in their own homes ensured that they empowered them to live how they wanted to. We spoke with people who used the service and they told us the care and support provided was mostly good. People we spoke with were generally happy with their care and they felt staff were respectful. One person said, "My main carer is very respectful and treats me as I want to be treated." Another person said, "They [staff] are very kind, some are a bit young and they need me to give some instructions but they treat me okay."

Staff were able to describe in detail how they supported people who used the service. Staff gave examples of how they approached people and how they carried out their care so that they were respectful and maintained the person's dignity. One staff member said, "I know [person's name] so well. I know how they like to be cared for. They are improving every day."

The registered manager told us that staff worked mainly in Bury where most of the people the service supported lived. The agency had only a small staff group with some of the packages requiring two staff to attend each call. This meant people received their care from only a small number of staff. People we spoke with confirmed that their care was mostly provided by the same staff.

People told us they were involved in developing their care plans. The care plans described how people wanted to receive their support and told us who were important to them and things they liked to do. For example, watching their favourite television programmes and reading magazines.

We saw the service used questionnaires to capture people's views. We saw the satisfaction levels were mostly positive. However, the registered manager could not confirm how they collated people's views to formulate an action plan which can be used to improve the service.

The registered manager carried out observations of staff working with people in their own homes. Some were unannounced and focused on the person's experience. They judged how staff maintained people's dignity and respected people's wishes. Staff received feedback which identified any areas for development. We looked at a number of completed observation forms and saw staff were performing in a way that the provider expected.

Is the service responsive?

Our findings

We found people who used the service received personalised care and support. Most of the people we spoke with told us they were involved in planning the support they needed. We looked at three care plans for people which were stored in the office. The plans were person centred and reviewed as support needs changed. We were told the care plans in the office were a mirror image of the ones kept in people's homes. However, one relative we spoke with told us there was no care plan for their family member. We spoke with the registered manager about this and they confirmed that a more up to date care plan had been written to reflect the persons changing needs.

The plans that we looked at told us about the important people in the person's life and who staff should contact in case of an emergency. People told us they were encouraged by care workers to remain as independent as possible. A relative we spoke with told us that staff had supported their family member to remain in their own home.

People mostly received their care and support at the time it was planned for. However, a number of relatives we spoke with told us that staff were often late for their family member's calls. One relative told us that sometimes staff did not stay for the allocated time. They told us that they intended to raise this with the provider.

The service's 'Statement of Purpose' [SOP] provided information about the service to people. The document informs people of their rights, what they can expect from the service and how to raise concerns. It is a legal requirement of the registration regulations that this is kept up to date and the provider must notify CQC of any changes. We found several areas of the SOP which did not contain the correct information. For example, it referred to the essential standards rather than the fundamental standards. It also held incorrect details for making complaints.

The manager told us there was comprehensive complaints' policy and procedure. However, it did require some amendments to update who people should contact if they were not satisfied with the providers investigation.

The procedure was explained to everyone who received a service. It was written in plain English and gave timescales for the service to respond to any concerns raised. We were shown a list of complaints made to the service however this did not demonstrate how the complaints had been investigated and responded to. The registered manager showed us emails and documents that were stored on their computer. This made it difficult to assess if lessons were learnt to prevent reoccurrence of similar issues.

This is a breach of regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Staff told us if they received any concerns about the services they would share the information with the registered manager. They told us they had regular contact with the registered manager informally when the

registered manager carried out observations of practice in people's homes.

Is the service well-led?

Our findings

The service had a registered manager in post as required by their registration with the Care Quality Commission (CQC).

There were systems in place to monitor the quality and safety of the service. The service used an electronic telephone monitoring system to make sure that staff attended calls at the correct times to support people using the service with their care and support needs. However, we received mixed views about the service from people who used the service. Some people said they were satisfied with the service while others said staff were often late for calls and some staff did not stay for the allocated time for the visits. This had not been identified by any of the audits carried out by the registered manager.

The service had obtained the views of people and their relative's using a quality assurance survey. However there was no evidence that they had used the information received to improve the service.

Relatives raised some concerns about the care and support provided to their family members by the agency. One relative raised a concern about care records and the training staff received in relation to their family members specific care needs.

Staff we spoke with told us that they felt supported by the registered manager. However, formal staff meetings did not take place. This would give staff the opportunity to discuss care packages and share any concerns they may have. Recruitment procedures need to improve to ensure gaps in employment history are considered and recorded during the interview process.

We found policies and procedures and the statement of purpose [SOP] required updating to reflect best practice. For example, the SOP had details of the essential standards rather than the current fundamental standards which are now used when inspecting adult social care services. It also referred to the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 rather than the 2014 regulations.

The registered manager showed us medication audits that had been completed. However, they were not effective as they had not identified that medication administration records [MAR] had not been used to record when staff had applied creams used to prevent pressure sores developing.

This is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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	<p>Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints</p> <p>The provider failed to demonstrate how they monitored and investigated complaints made by people who used the service or their relatives.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had systems in place to monitor the quality of the service; however these were not effective and required embedding in to practice.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider failed to have effective recruitment and selection procedures that comply with the requirements of this regulation and ensure that they make appropriate checks are undertaken prior to new staff commencing employment</p>