

Pechiv Limited

Pechiv Care Services

Inspection report

14 Faringdon Road
Shippon
Abingdon
Oxfordshire
OX13 6LT

Tel: 07832791284






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05 January 2017

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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?	Good 
Is the service well-led?	Inadequate 

Summary of findings

Overall summary

We undertook an announced inspection of Pechiv Care Services on 5 January 2017.

Pechiv Care services provide a personal care service to people in their own homes within the Oxfordshire area. On the day of our inspection 6 people were using the service.

We had previously carried out an announced comprehensive inspection of this service on 5 February 2015. At the last inspection we found staff supervisions were not always complete or in place and some staff training was not always completed. These issues were a breach of Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2014. We also identified concerns systems used to monitor the quality of the service were not in place. These concerns were breaches of Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014.

After the comprehensive inspection in February 2015, the provider wrote to us to say what they would do to meet legal requirements in relation staff supervision and address our concerns relating to monitoring systems. The provider sent us an action plan in May 2015 stating the action they would take to improve the service to the required standard.

At this inspection we found actions had been completed and some improvements made. However, at this inspection we still found concerns relating to quality monitoring systems. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Pechiv Care services on our website at www.cqc.org.uk.

The service was operating from a location that was not part of the conditions of their registration. This address was 5 East St. Helen Street, Abingdon, Oxfordshire, OX14 5EG.

There was not 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. At the time of this inspection the nominated individual was applying to CQC to register as registered manager.

The service did not have systems to assess the quality of the service provided. Audits were not conducted and processes not monitored which meant the manager did not have an accurate oversight of the service. It also meant information about people's care could not be used effectively to improve the service.

Where risks to people had been identified risk assessments were in place and action had been taken to manage these risks. However, not all risk assessments contained detailed guidance for staff on how to

manage the risk. Staff were aware of people's needs and followed guidance to keep them safe. People received their medicine as prescribed.

The service was not displaying the ratings from the February 2015 inspection on its website. However, the provider took immediate action and displayed the ratings.

People told us they were safe. Staff understood their responsibilities in relation to safeguarding. Staff had received regular training to make sure they stayed up to date with recognising and reporting safety concerns. The service had systems in place to notify the appropriate authorities where concerns were identified.

People were supported by staff who were knowledgeable about people's needs and provided support with compassion and kindness. People received high quality care that was personalised and met their needs.

There were sufficient staff to meet people's needs. Staffing levels and visit schedules were consistently maintained. People told us staff were rarely late and they had not experienced any missed visits. The provider followed safe recruitment procedures and conducted background checks to ensure staff were suitable for their role.

Staff understood the Mental Capacity Act 2005 (MCA) and applied its principles in their work. The MCA protects the rights of people who may not be able to make particular decisions themselves. The provider was knowledgeable about the MCA and how to ensure the rights of people who lacked capacity were protected.

People told us they were confident they would be listened to and action would be taken if they raised a concern. The service sought people's opinions through regular surveys.

Staff spoke positively about the support they received from the provider and senior staff. Staff supervision and meetings were scheduled as were annual appraisals. Staff told us the provider was approachable and there was a good level of communication within the service.

People told us the service was friendly, responsive and well managed. People knew the provider and staff and spoke positively about them. The service sought people's views and opinions and acted upon them.

We identified one breach of the Health and Social Care Act 2008 (Regulated Activity) Regulation 2014. We are considering what action we will take.

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 always safe.

Risks to people were managed and assessments were in place to manage the risk and keep people safe. However, not all risk assessments contained detailed guidance for staff.

There were sufficient staff deployed to meet people's needs.

People told us they felt safe. Staff knew how to identify and raise concerns.

People received their medicine as prescribed.

Is the service effective?

Good 

The service was effective.

People were supported by staff who had the training and knowledge to support them effectively.

Staff received support and supervision and had access to further training and development.

Staff had been trained in the Mental Capacity Act 2005 (MCA) and understood and applied its principles.

Is the service caring?

Good 

The service was caring.

Staff were kind, compassionate and respectful and treated people and their relatives with dignity and respect.

Staff gave people the time to express their wishes and respected the decisions they made. People were involved in their care.

The service promoted people's independence.

Is the service responsive?

Good 

The service was responsive.

Care plans were personalised and gave clear guidance for staff on how to support people.

People knew how to raise concerns and were confident action would be taken.

People's needs were assessed prior to receiving any care to make sure their needs could be met.

Is the service well-led?

Inadequate 

The service was not well led

There were no formal systems in place to monitor and improve the quality of care provided.

The service was not displaying the ratings from the February 2015 inspection on its website. The provider took immediate action and displayed the ratings.

The service was operating from a location that was not part of the conditions of their registration. There was not a registered manager in post.

Pechiv Care Services

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 the 5 January 2017. It was an announced inspection. We told the provider two days before our visit that we would be coming. We did this because the manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that someone would be in. This inspection was conducted by one inspector.

We spoke with three people, one relative, two care staff, and the provider. We looked at three people's care records, four staff files and medicine administration records. We also looked at a range of records relating to the management of the service. The methods we used to gather information included pathway tracking, which is capturing the experiences of a sample of people by following a person's route through the service and getting their views on their care.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give us key information about the service, what the service does well and improvements they plan to make. We reviewed the completed PIR and notifications we had received. A notification is information about important events which the provider is required to tell us about in law.

Is the service safe?

Our findings

People and their relatives told us they felt safe. People's comments included; "Yes I do feel safe", "Absolutely, I have no safety problems at all. They are a good company" and "Oh yes I am safe with them (staff)". One relative said, "Yes my husband is safe because they anticipate his needs".

People were supported by staff who could explain how they would recognise and report abuse. Staff told us they would report concerns immediately to the Provider or the senior person on duty. Staff were also aware they could report externally if needed. Comments included; "I've had this training so I would report concerns to the bosses (Manager) or I can call yourselves (Care Quality Commission) or the council" and "I'd report to the manager or the Care Quality Commission (CQC) or maybe the police". The service had systems in place to report concerns to the appropriate authorities.

Risks to people were managed and reviewed. Where people were identified as being at risk, assessments were in place and action had been taken to manage the risks. For example, one person could become anxious. The risk assessment guided staff to 'encourage [person] to express their views' if the person became anxious or reluctant to communicate. Another person had risks identified relating to medicines. A detailed risk assessment gave staff clear guidance on how to keep this person safe. The risk assessment detailed responsibilities for actions to manage the risks. For example, 'family members' were responsible for the collection and any disposal of medicines.

However, not all risk assessments adequately addressed identified risks. For example, one risk assessment stated the person could not bear weight and needed a hoist for all transfers. The person was rated as 'high risk' but the assessment did not specify what the risks were. Actions for staff to manage the risk stated 'uses hoist when being transferred from place to place'. However, there was no detailed guidance for staff relating to the risk or how to hoist the person safely. This meant the person could be at risk during transfers. Records however, did confirm staff had been trained in moving and handling techniques. We raised this with the provider who told us they would, "Address this concern as soon as possible".

People and their relatives told us staff were punctual and visits were never missed. People's comments included; "They are usually on time", "They are punctual to the minute. Occasionally they get held up but we then get a phone call" and "They are occasionally late but we get informed so I am not left worrying".

Staff told us there were sufficient staff to support people. Comments included; "There is enough (staff), I think we have a good staff balance" and "Yes there is enough staff. I'm never pressured to do more shifts than I want".

Staff were effectively deployed to meet people's needs. Where two staff members were required to support people we saw they were consistently deployed. The provider told us on the rare occasion a member of staff was unavailable other staff or the manager would cover the shortfall.

The provider also told us that an electronic monitoring system was scheduled to be installed when, "Client numbers increase". There was no formal system in place to monitor late visits. This new system would be

used to manage and monitor staff visits.

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised at the service. These included employment references and Disclosure and Barring Service (DBS) checks. These checks identified if prospective staff were of good character and were suitable for their role. This allowed the provider make safer recruitment decisions.

Where people needed support we saw that medicine records were accurately maintained and up to date. Records confirmed staff who assisted people with their medicine had been appropriately trained and their competency had been regularly checked. Staff we spoke with told us they had received medicine training and were confident supporting people with their medicine. One member of staff said, "We are well trained and prepared". Another staff member said, "I have been trained and my competency is checked. I am all ok with medicines".

We asked people and their relatives about medicines. One person said, "They help me with my medication, they are good. They give it to me". One relative said, "I deal with my husband's medicines".

Is the service effective?

Our findings

At our last inspection on 5 February 2015 we asked the provider to take action to make improvements relating to staff training and staff supervision. Some staff had not received Mental Capacity Act (MCA) training and regular staff supervisions were not conducted or recorded. These issues were a breach of Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010: Supporting Workers, which corresponds to Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider had taken action and improvements had been made. Regular supervision (a one to one meeting with a line manager), spot checks and appraisals were scheduled and being conducted. Staff were able to raise issues and make suggestions at supervision meetings. Staff could also develop professionally. For example, we looked at four staff files and saw in their supervision records all four staff were engaged in further qualifications at a recognised national level. One member of staff said, "Supervisions refresh your mind, they are very useful". Another staff member said, "We do get them (supervision) and they are helpful. I have asked for extra training and I got it".

People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. Staff told us they received an induction and completed training when they started working at the service. This training included safeguarding, MCA, moving and handling, dementia and infection control. Induction training was linked to 'skills for care common induction standards' which is a nationally recognised program for the care sector. Staff spoke with us about their training. Staff comments included; "The training is very good. I had some training late last year" and "We train annually, my last course was in October 2016. I did medication training and first aid".

People told us staff were well trained and had the knowledge and skills to support them. One person said, "They know exactly what they are doing". Another said, "They are most certainly well trained. I am so confident with them they have become my friends".

We discussed the Mental Capacity Act (MCA) 2005 with the provider. 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. The provider was knowledgeable about how to ensure the rights of people who lacked capacity were protected. People's mental health was assessed and monitored. The provider told us, "If we suspect someone is struggling with decisions we would discuss this with them and their family and refer them to the GP and mental health team for further assessment".

Staff demonstrated an understanding of the MCA and how they applied its principles in their work. Staff comments included; "This is very useful for people who are confused. In these cases I tell them, show them and give them time to understand" and "If someone's capacity to make a particular decision is in doubt I will call the manager and we involve their family. I always work in clients best interests".

We asked staff about consent and how they ensured people had agreed to support being provided. One staff member said, "I always introduce myself and explain what we need to do. Then I ask permission to do it". Another staff member said, "I always ask and offer lots of choices".

People told us staff sought their consent. People's comments included; "Yes they (staff) tell me what's going on and then they ask my permission" and "They ask me and tell me what they are going to do". One relative said, "They ask every time. My husband would soon let them know if he was unhappy".

People were supported to maintain good health. Various professionals were involved in assessing, planning and evaluating people's care and treatment. These included people's GPs and district nurses. Details of referrals to healthcare professionals and any advice or guidance they provided was recorded in people's care plans.

People had enough to eat and drink. Most people did not need support with eating and drinking. However, some people needed support with preparing meals and these needs were met. People either bought their own food or families went shopping for them. Where people were at risk of malnutrition or dehydration the service took action to support them effectively. For example, one person was at risk of dehydration. A fluid intake chart was in place to monitor how much the person drank. This chart was consistently maintained and signed by staff and detailed the person's fluid intake in line with the guidance provided. The chart evidenced the person was taking adequate fluids. One member of staff said, "I do help one client with their nutrition, I've no issues with that. Most of our clients are independent".

People and their relatives told us people's nutritional needs were being met. One person said, "My wife takes care of all that". Another person said, "I am quite independent. I do not need help with my meals".

Is the service caring?

Our findings

People told us they benefitted from caring relationships with the staff. Comments included; "They are friendly and helpful. I always get the same girls (staff)", "The staff are caring and we have become friends over time. They take a real interest in me and my family" and "Oh they are certainly very caring". One relative said, "Real carers, they are like member of family".

Staff spoke with us about positive relationships at the service. Comments included; "I do like this work. It is all about your heart and how you care" and "We care, we help the clients feel like people".

People's dignity and privacy were respected. When staff spoke about people to us they were respectful and they spoke with genuine affection. Language used in care plans was respectful. People were provided with a 'service user guide' which stated 'care workers employed by Pechiv care services will treat you with care, politeness and respect'.

People we spoke with told us their privacy and dignity was respected. One person said, "They certainly show me respect. With a good sense of humour as well". Another person said, "They do respect me and my dignity".

We asked staff how they promoted, dignity and respect. Comments included; "I make sure I close the curtains and do what we do in private". Another staff member said, "If I am washing a client I close the curtains and shut doors to protect their dignity".

People and their relatives told us they were kept informed. For example, staff rotas were available to people informing them of who was visiting and when. 'Care plan daily duties' were available to people informing them what support was being provided, when staff were due to arrive and how long each visit would take. One relative said, "I believe I am well informed".

People's independence was promoted. Care plans guided staff on how to promote people's independence. For example, one person had stated 'I want to continue being independent'. The person wanted to continue to walk their dog. Daily notes evidenced this person was supported to do this. One person told us how the staff promoted their independence. They said, "They get me to wash myself. If they feel there is something I can do they encourage me to do it. I am now moving more than ever before".

Staff spoke with us about people's independence. Staff comments included; "I try to let them do things themselves. I encourage them to do what they can" and "If I see a person can do something themselves I encourage them to do it".

People's care was recorded in daily notes maintained by staff. Daily notes recorded what support was provided and events noted during the visit. These provided a descriptive picture of the visit. For example, one staff member had noted in one person's care plan 'helped [person] with their medication and had a chat about their day'. Another staff member noted '[person] told me about their time at the day centre. This

person's care plan guided staff to 'have a chat and make sure [person] is ok before leaving'.

The service ensured people's care plans and other personal information was kept confidential. . People's information was stored securely at the office and we were told copies of care plans were held in people's homes in a location of their choice. We saw confidentiality agreements had been signed by staff. These gave staff information about keeping people's information confidential and highlighted conditions for sharing this information. The agreements also reminded staff of the need to obtain people's consent before disclosing any personal or medical information.

Is the service responsive?

Our findings

People's needs were assessed prior to accessing the service to ensure their needs could be met. People had been involved in their assessment. Care records contained details of people's personal histories, likes, dislikes and preferences and included people's preferred names, interests, hobbies and religious needs. For example, one person's care plan stated 'I like being with my family and watching TV'. Another stated 'I like going out in my wheelchair to the local shops' and 'I love listening to music. Staff we spoke with were aware of these preferences.

People's care records contained detailed information about their health and social care needs. They reflected how each person wished to receive their care and gave guidance to staff on how best to support people. For example, one person had stated they liked to be 'independent'. Staff were prompted to promote this person's independence. Another person had stated they 'did not want a male carer for personal care'. The service responded and we saw this preference was respected.

People received personalised care that responded to their changing needs. For example, one person's condition had changed and they were referred to their GP. Their care was reviewed and as a result the person's medicine was changed. We also saw evidence the service responded to people's requests. For example, where people had private or medical appointments they contacted the office and changes were made to the person's visit schedules. These changes were made in consultation with the person to reschedule visits at a convenient time for them.

People were supported by staff who understood, and were committed to delivering, personalised care. Staff explained to us how they tailored people's care to suit their personal preferences. Staff comments included; "People are all different. Personalised care is for the individual" and "This is care in their interests and I go by what they (people) want".

Care plans provided staff with guidance on how to support people's individual needs. For example, one person had difficulty hearing. Staff were guided to 'speak clear, loud and slowly' and ensure the person could understand. One person required a specific cream to be applied. The person had been assessed and the district nurse visited this person every week to apply the cream. Records of these weekly visits were maintained.

People's care was regularly reviewed and involved people and their families. We saw reviews were scheduled throughout the year or when people's circumstances or needs changed. People and their relatives told us about reviews of care. One relative said, "We attend reviews and feel we are fully involved".

People knew how to raise concerns and were confident action would be taken. Everyone we spoke with knew how to raise a complaint and felt they were listened to. One person said, "We have all the complaint information and I know they will take action". Another person said, "If I need to complain I'd ring them, they would definitely take action".

The service had a complaints policy in place and details of how to complain were included in the 'service user guide' given to people and their families when they joined the service. We noted there were no complaints recorded for 2016.

People's opinions were sought and acted upon. Questionnaires were sent to people and their relatives every six months and asked questions relating to all aspects of the service. We saw the latest survey results which were positive about the service. The service also provided 'relations and staff communication sheets' which allowed relatives and staff to comment about the service. For example, one relative had recorded the person had complained to them about being in pain. When staff visited this person the comment sheet was reviewed and staff were able to provide the person with the appropriate pain relief. We asked one person if they felt the service listened to them. They said, "They do listen to me. I am very happy as they respond well to my needs and requests".

Is the service well-led?

Our findings

At our last inspection on 5 February 2015 we asked the provider to take action to make improvements relating to assessing and monitoring the quality of the services provided and using information to improve the service. These concerns were breaches of Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014. At this inspection we found the service had not taken action to address these issues.

There was not a registered manager in post. At the time of this inspection the provider was applying to CQC to register as registered manager. The service was also operating from a location that was not part of the conditions of their registration. This address was 5 East St. Helen Street, Abingdon, Oxfordshire, OX14 5EG. An application to register this new location had been submitted but could not be processed as there was not a registered manager in post.

The provider could not demonstrate that there were formal systems in place to monitor the quality of care provided. The provider had documents in place to record, and investigate accidents and incidents. There were no accidents or incidents recorded for 2016. However, there was no system in place to monitor and analyse accidents or incidents to look for patterns or trends.

The provider could not provide us with any formal management oversight or audit records. The provider told us they visually checked individual Medication Administration Records (MAR) once they were completed to check for errors but no records of these checks were maintained. There was no system in place for the provider to be sure that people received their visits from staff. The only way the provider would know if a visit had been missed was if a person called to say their carer hadn't been.

Care plan review dates, staff supervision dates and training were managed by looking at each individual care record or each individual staff members records. We asked if there were any systems to manage these processes so that information could be stored in one place allowing oversight of the process. The provider showed us two computer spreadsheets. One was a record of staff training. The last recorded training date displayed was 23 July 2015. Staff records showed training had taken place during 2016. Another depicted a care plan review schedule. No current review dates were listed. The last recorded date was 2 July 2015. However, we saw reviews had been conducted during 2016. There were no effective management systems in place to monitor these processes.

We asked the provider if there were any other checks conducted to evaluate the quality of care delivered and identify opportunities for continuous improvement and manage people's care. The provider said, "Every three months I visit or call clients so I can assess their needs". However, records of contact were not always maintained. We could not be sure these visits or calls took place regularly or that information obtained by the provider during these contacts was effectively used to improve their care.

These concerns are breaches of Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014.

Services are required to display their ratings from inspections in their premises and on their websites. The ratings from the February 2015 inspection were not displayed. We informed the provider of this who said, "I didn't know I had to. I will deal with it as soon as possible". Following the inspection we checked the website again and saw the ratings were displayed.

People and their relatives told us they knew the provider. One person said, "I think she is very good". Another said, "She is very good, the service seems well run". One relative said, "She is lovely, a really wonderful lady. She is there if we need her".

Staff spoke positively about the provider Staff comments included; "She is alright. She listens and acts. I think the service is well run" and "She's very good. She is approachable and is a good listener. It is an open and honest service".

Staff meetings were regularly held and staff were able to discuss and raise issues. Information, learning and changes to people's care was also shared at these meetings. For example, each staff meeting contained a brief review of each person's current condition and care requirements. Where issues were identified action was taken to address the issue. For example, staff reported one person complained of pain in their legs. A healthcare professional was consulted and the person now used compression socks to help relieve the pain. Staff told us learning was shared. One staff member said, "If there are changes or updates the manager calls us and we also use a communications book to hand over information to one another".

There was a whistle blowing policy in place that was available to staff across the service. The policy contained the contact details of relevant authorities for staff to call if they had concerns. Staff were aware of the whistle blowing policy and said that they would have no hesitation in using it if they saw or suspected anything inappropriate was happening.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had no systems to monitor the quality of the service and look for continuous improvement.

The enforcement action we took:

Notice of proposal with positive conditions. Action plan with monthly reports on actions and progress.