

Panacea Senior Care Limited

# Panacea Senior Care Limited

## 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

The inspection took place on 21 November 2016. This was an announced inspection. We gave the provider 48 hours' notice of the inspection as this is a domiciliary care agency and we wanted to ensure the manager was available in the office to meet us.

Panacea Senior Care Limited is a domiciliary care service that provides personal care to people with dementia, mental health, physical disability, younger adults and older people in their own homes. At the time of inspection, Panacea Senior Care Limited domiciliary care service provided support to five people but only three people were receiving support with personal care. Five members of staff were delivering regulated activity.

On the day of the inspection, the service had a manager who had applied for registration with the Care Quality Commission (CQC) 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.

People using the service and their relatives were very happy with the service and found staff caring, friendly and professional. The service delivered a person-centred service that met people's individual health and care needs. People's nutrition and hydration needs were met and were appropriately recorded in daily care records. People were happy with staff's punctuality and found them trustworthy and the service reliable. They were assisted with medicines and there were clear medicines assessments in place to enable staff to support people safely. There were detailed daily care delivery records giving a clear account of how people were supported.

Staff were skilled, experienced and well-trained and able to demonstrate their understanding of the needs and preferences of the people they cared for by giving examples of how they supported people. Staff received on-going support and regular supervision. The service followed safe recruitment practices and carried out appropriate recruitment checks before staff worked with people.

Care plans were person-centred and recorded people's individual needs, likes and dislikes. Risk assessments were detailed and provided sufficient information and instructions to staff on the safe management of identified risks.

The service followed appropriate safeguarding procedures and staff demonstrated a good understanding on how to protect people against abuse and harm, and their role in promptly reporting poor care and abuse.

The service implemented good procedures around Mental Capacity Act 2005 and documented how best to support people that lacked capacity to make decisions.

The service had good systems and processes to assess, monitor and improve the quality and safety of the

care delivery. The manager regularly visited people's homes to seek their feedback and observe staff supporting people with their care needs, and addressed any concerns raised. The service was in the process of reviewing annual feedback survey forms. People and their relatives told us they were extremely happy with the manager and found them approachable and kind.

## 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. People and their relatives felt safe with staff. The service had good systems in place for proper medicines management.

The service had individualised risk assessments that were regularly reviewed and provided sufficient information to staff for safe management of the identified risks.

Staff had good understanding of various types of abuse and were able to identify abuse. They knew the correct procedures to follow if they suspected any abuse or neglect.

The service carried out timely recruitment checks to ensure people using services were supplied with safe and suitable staff.

The service maintained good infection control practices.

### Is the service effective?

Good ●

The service was effective. People told us their health and care needs were met. Staff were well supported and received regular supervision. There were records of staff appraisal.

Staff received suitable induction and additional relevant training to their job effectively.

Staff understood people's right to make choices about their care. The service recorded information on people's capacity to make decisions, how to seek their consent to care and treatment.

People were referred to health and social care professionals and supported during or to their appointments.

### Is the service caring?

Good ●

The service was caring. People and their relatives found staff caring and friendly. People told us staff treated them with dignity and respect. The service supported people with their religious, spiritual and cultural needs.

Staff were able to describe people's wishes and preferences and

spoke about them in a caring manner.

People received the same staff which then helped form positive and trusting relationships.

### **Is the service responsive?**

**Good** ●

The service was responsive. People's care plans were person-centred and regularly reviewed.

People were supported with their interests and their religious needs were identified and supported.

People and their relatives' were comfortable raising concerns and complaints to the management.

### **Is the service well-led?**

**Good** ●

The service was well-led. Staff felt well supported. The service carried out frequent audits and checks to monitor the quality of care.

People and their relatives told us they found the management friendly and approachable.

# Panacea Senior Care Limited

## **Detailed findings**

### Background to this inspection

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

The inspection took place on 21 November 2016. This was an announced inspection. We gave the provider 48 hours' notice of the inspection as this is a domiciliary care agency and we wanted to ensure the manager was available in the office to meet us.

The inspection was carried out by one adult social care inspector. They phoned people using the service and their relatives to ask them their views on service quality.

Prior to our inspection, we reviewed information we held about the service, including previous reports and notifications sent to us at the Care Quality Commission. A notification is information about important events which the service is required to send us by law. We looked at the information sent to us by the provider in the Provider Information Return, 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 contacted local authority and healthcare professionals about their views of the quality of care delivered by the service.

There were three people receiving personal care support from the service, and five staff, at the time of our inspection. During our visit to the office we spoke with the manager and the director. We looked at three care plans and five staff personnel files including recruitment, training and supervision records, and staff rosters. We also reviewed the service's accidents / incidents and complaints records, quality assurance records, service review matrix, policies and procedures.

Following our inspection visit, we spoke with two people, one relative and two care staff. We reviewed the

documents that were provided by the manager (on our request) after the inspection. Some of these included reviewed care delivery records, updated care plan, medicines administration records.

# Is the service safe?

## Our findings

People using the service and their relatives told us the service was safe. One person said, "I feel safe with staff, they are excellent." One relative told us, "My mother is safe with staff."

Staff were able to explain people's health and care needs, and the risks involved and how they managed them whilst supporting people. We found risk assessments were individualised and met people's needs and gave information on safe management on risks. For example, one person with memory loss was identified at a risk of not remembering meal times and not eating anything. The risk assessment's outcome was for staff "to remind [name of the person] meal times and encourage them to eat." Risk assessments were in place for areas such as environment, moving and handling, environment, nutrition and hydration, medicines and personal care. The manager told us that the risk assessments were reviewed every year and earlier if people's needs changed and records seen confirmed this.

Staff told us they had received training in safeguarding adults and were able to describe the types and signs of abuse, for example, change in person's behaviour, person looking withdrawn and bruises. Staff were aware of their role in identifying abuse and told us it was their responsibility to immediately report any signs of abuse, neglect or poor care to the manager. New staff received training on abuse and how to report abuse before they began working with people as part of their induction. The service had not experienced any safeguarding concerns however; there were robust policy and procedures in place to address any safeguarding concerns and or alerts.

The manager told us if they were reported of any safeguarding alert they would immediately alert the local authority safeguarding team and Care Quality Commission. The service had clear procedures in place to record accidents and incidents, and learning from them. However, the manager said they had not experienced any accidents or incidents.

People and their relatives were very happy with staff's punctuality and found the service reliable. They told us staff always arrived on time and if for whatever reason they were delayed, either they or the manager would contact them. One person said, "Staff turn up on time but if a bit late even by a few minutes they always makes up the lost time." Another person told us, "Staff are very punctual. They stay the whole duration and don't rush me." The manager told us they allocated staff to people as per staff's preferred time and availability to ensure staff continuity and to avoid missed and late visits. The service had not experienced any missed visits. People and their relatives confirmed this.

The service did not use agency staff to cover staff emergencies or absences, the manager told us they always covered staff emergencies with the bank staff they had recruited or they would personally step in if bank staff were not available. However, they had established working relationship with one care agency that they would use if they were very short staffed and could not cover the absences with their own staff team.

The service followed appropriate recruitment procedures by carrying out character checks and Disclosure and Barring Service (DBS) criminal record checks before staff started working with people to ensure people's safety. We viewed five staff personnel files and all contained an application form, interview assessment



notes, copies of identity documents to confirm right to work, proof address, DBS criminal record checks and reference checks.

The service had systems in place to support people with medicines management by prompting, assisting or administering medicines as per people's individual needs. However, at the time of inspection, the service was not supporting people with administering medicines. The service had medicines risk assessments in place that included information on how to support people with medicines, where the medicines were stored in people's homes such as blister packs or original manufacturing boxes and ordering and collection of medicines. The service had robust medicines management policy and medicines administration record chart that staff were trained in using when they would be required to support people with medicines prompting and administration. Staff kept daily record logs where they included information on medicines that were assisted. Staff told us they were trained in medicines administration.

The service provided gloves, aprons and disposable wipes to their staff to enable them to safely assist people with their personal care. Staff confirmed they were provided with sufficient equipment to efficiently manage infection control.

## Is the service effective?

### Our findings

People and their relatives told us they were supported by professional, well-trained and experienced staff. They said staff understood their health and care needs. Their comments included, "She [staff] is very efficient, more than satisfactory" and "They [staff] do everything they could to help me." Relative we spoke to told us "staff are very professional and engage well with my mother". The manager told us they recruited staff with a previous experience in working in a care role, and once they were inducted and trained, they were matched with people.

Staff told us they were happy with the support they received from the manager and they received regular supervisions. We saw records of supervision that confirmed staff received sufficient support. There were appraisal records for staff member who had been working with the provider long enough. The manager told us other staff were scheduled to receive appraisal next year as per their employment start date. Staff told us they had received sufficient training including induction to do their job effectively and were happy with it. We spoke to a new staff member who said they found the induction training very useful. New staff had to complete an induction course with an external training group that covered areas such as infection control, fire awareness, manual handling, communication, risk assessment, health and safety, understanding abuse and individuality and human rights. Staff were then required to shadow the manager before attending care visits on their own. Staff were booked on to additional training in medicines administration, dementia, nutrition and hydration and end of life care.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

People and their relatives told us staff were respectful and always asked permission before supporting them and gave them choices. Their comments included "Staff always ask me before doing anything" "staff always explain what they are doing, they talk to me". Staff understood people's right to make choices about their care. They were able to demonstrate how they encouraged and supported people to make decisions. For example, one staff member said they always asked people what they would like to eat or do, and if they struggled to choose, the staff member would assist them in making decisions. Staff received training on the MCA as part of their induction training and records confirmed this. People's care plans had appropriate information on people's capacity, how and when to support people to make decisions. They also included who could make legal decisions on people's behalf should they lack capacity to make a decision regarding their care. Staff knew who to contact when necessary.

People and their relatives told us staff were aware of their food preferences, allergies and supported well with their dietary needs. Their nutrition and hydration needs were met. Staff recorded in detail in the daily

report book what food and drinks people consumed. The care plans had a section 'meals preference / dietary needs' where references were made to people's food preferences, likes and dislikes and included nutritional assessments. For example, in one person's care plan it was recorded the person did not like spice and normally for breakfast liked porridge with some banana and blueberries.

The service worked collaboratively with health and care professionals. The manager and staff liaised with health and care professionals as and when required for people's health updates and check-ups. We saw records of correspondence and referrals to various health and care professionals such as doctors, physiotherapist and district nurse.

## Is the service caring?

### Our findings

People using the service and their relatives told us staff were caring and friendly. One person said, "She is a lovely person and is very caring." People said staff listened to them and shared a friendly relationship with them. One person told us, "They listen to me, talk to me and make me laugh." Relative we spoke to said "staff are caring and genuinely interested in my mother."

People told us they had same staff to support them, which was helpful as staff understood their needs. Records confirmed that people received the same staff member on weekdays and weekends, and from week to week. Staff told us they visited people regularly and that enabled them to establish and maintain positive working relationships. Staff told us they liked their job and the relationship they had established with people they cared for. They were able to describe the individual needs, wishes and preferences of people.

The manager told us at the time of the initial referral they visited people and spoke to them and their relatives to gain a complete understanding of people's background, needs, abilities, wishes and preferences. We saw care plans made reference to people's history, background, religion, culture and wishes. The care plans had information on people's cultural beliefs and habits that enabled staff to support people in a person-centred way. For example, one person's care plan detailed information on the person's preferred religious music and songs. Staff told us they found this information useful.

People and their relatives told us staff treated them with dignity and respect and were involved in their care planning. Their comments included, "Yes, of course, they provide care in a dignified way" and "They respect my privacy." Relative we spoke to told us "staff treats my mother with respect and dignity; they make her laugh and chat with her". Staff that we spoke to told us they respected people's privacy and provided care that maintained their dignity. They would close doors and cover people when assisting them with showering and personal care. The staff told us they supported people at their preferred pace and did not rush them. The manager said it was very important that their staff treated people and their relatives with dignity and respect and they constantly reminded staff of treating people the way they would like to be treated.

The manager said staff were trained in End-of-life care and palliative care and they found it useful. They further told us; during initial assessment they were initiating discussions around End-of-life care with people and their relatives but recognised it was a sensitive subject that required treading carefully. The manager told us they and their staff had supported some relatives when their loved ones passed away.

The manager told us they were organising a lunch gathering for people and their relatives to engage with them in an informal setting. This gathering if turned out to be successful would be organised every year and which would also enable people and their relatives to meet each other and extend support.

We saw people's records were kept securely and staff were able to explain the importance of maintaining confidentiality.

## Is the service responsive?

### Our findings

People and their relatives told us the service was responsive. One person said, "The manager gives feedback and is very responsive." The manager told us at the time of referral, they engaged with people and their relatives to identify their needs, abilities, wishes and preferences. This information was then used to create people's care plans. The manager told us during initial assessment visits they tried to understand what people wanted to gain from the care and "encouraged people to not give up on doing things due to their health condition". They said for example, one person's medical condition prevented them from using their one arm, and had given up on ever able to use their arm. Since they started using this service, with staff's dedication and support the person regained use of their arm. The manager said it was important to capture what was important to people including their routine and preferences to enable staff to support them effectively.

We viewed people's care plans and they were personalised and easy to follow. They gave information on areas such as medical history, allergies, personal care, nutrition and hydration and social aspects of life. For example, one care plan mentioned "likes singing especially Irish songs, dancing and watching television program on animals". People's care plans had detailed information on people's background and history which helped staff to deliver person-centred care. For example, one person's care plan mentioned how they travelled the world and enjoyed talking about it.

The manager told us once the care plans were drafted, they were reviewed every month for the first three months and then for the first year every quarter and thereafter every year. For example, we saw one care plan that had been reviewed two times in four weeks because the person's care package had changed. Care plans were kept in the office and a copy of the care plans were kept at people's homes. Staff told us they found care plans useful and followed them whilst delivering care. Care plans recorded information on people's culture and religion and whether they practised their religion and needed assistance with it. For example, one person's care plan mentioned they were religious, liked watching religious television channels and read religious book. People and their relatives told us they were involved in their care reviews.

People were supported with various activities and were happy with that support. One person told us, "They [staff] help me with my physio exercises and now I am more mobile." One relative said staff were attentive and supported their family member to access garden and with their other interests.

The manager regularly visited people and liaised with their relatives where they encouraged them to raise concerns and complaints. The service had complaints policy and procedures in place but had not received any complaints. People using the service and their relatives they have never had to raise any complaints but if they had to they would feel comfortable calling the manager. One person said, "I see her [the manager] every week, she visits me every week." We saw various records of compliments in forms of letters and messages sent by people, their relatives and professionals. The compliments were about how responsive, caring and reliable staff and the service were.

## Is the service well-led?

### Our findings

The service had a manager in post who had applied for a registration with the Care Quality Commission. Staff told us they felt very well supported by the manager, they found the manager approachable and felt listened to. They said the manager was always available and if they could not answer their calls would always return them in a prompt manner. Staff told us the manager would support them if they were not sure about something or were stuck in a situation. One staff member said, "The manager is very good and get total support from her. I enjoy working with the service." Another staff member said, "She is dedicated and has good relationship with clients [people using the service] them and she carries out frequent checks." Staff told us they have not needed to raise any concerns to the manager, but if they had any concerns, they would feel comfortable in doing so.

The manager worked closely with staff and visited them on a weekly to bi-weekly basis. They met with staff regularly in the office. Staff told us they felt well-informed by the manager.

The service had good data management systems that kept accurate records of people's care plans, risk assessments and care reviews and staff's recruitment and training updates. The information was easily available and stored safely. The service had efficient systems and processes to assess, monitor and improve the quality and safety of the care delivery. As the service had not completed a full year of care delivery there were no records of staff and people's care audits however, we saw care plans, risk assessments were appropriately reviewed and updated. We saw records of service review audit matrix that had dates of quality assurance reviews against each person's names and when were they due next. The manager told us the feedback had been positive. We saw records of quality assurance reviews and they all were positive. The service were in the process of drafting their annual feedback survey form which they had scheduled to be sent out early next year. Following the inspection, the manager sent us a copy of their annual feedback survey form. We saw several thank you letters from people and their relatives.

The manager regularly visited people's homes to seek their feedback and observe staff supporting people with their care needs, and addressed any concerns raised immediately. They told us staff were given feedback to improve the quality of care. Although, the manager carried out weekly spot checks they did not keep records of them. The manager told us they would start keeping records of spot checks going forward.

People and their relatives told us they were extremely happy with the service and would happily recommend it to others. One person said, "This is an excellent service, I have no complaints. I, of course, would recommend this service to others, it is very good." One relative said they were very impressed with the quality of the service and that it was very good. One staff member who had been working with big care agencies recently joined this service said, "This is a much personalised service where people and staff are not treated as numbers but as individuals. It is very refreshing to see that."