Palmerstone Homecare Ltd

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Inspection report

Unit D, Warwick House
Perry Road
Harlow
Essex
CM18 7NF

Tel: 01279437923
Website: www.palmerstonehomcare.com

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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?	Requires Improvement

Summary of findings

Overall summary

The inspection took place between 25 January 2017 and 30 January 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary service in people's own homes and we needed to be sure that someone would be present at the service's office.

Palmerstone Homecare provides personal care to people in their own homes. At the time of inspection 178 people were using the service.

We carried out an announced comprehensive inspection of this service in July 2016 at their old location 8th Floor, North Suite, Terminus House, Terminus Street, Harlow, CM20 1XA due to concerns raised about the care and support provided. We reported that the registered provider was in breach of the Health and Social Care Act 2008 registration and regulated activities regulations.

Regulation 18 Registration Regulations 2009 Notifications of other incidents
Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints
Regulation 17 HSCA RA Regulations 2014 Good Governance
Regulation 16 – Receiving and Acting on Complaints, Regulation 18 HSCA RA Regulations 2014 Staffing.

We took enforcement action and served two Warning Notice against two more serious breaches that we found in respect of Regulation 12 HSCA RA Regulations 2014 Safe care and treatment, and Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed. We gave the provider until 1 November 2016 to ensure they complied with the Warning Notices.

We asked the registered provider to make improvements and they sent us a comprehensive plan with the actions they intended to take. At this inspection, we found the service had made significant improvements and that all the breaches of regulation found in our visit in July 2016 had now been met.

There was a registered manager in post at the service. The registered manager was also the registered provider. 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 and associated Regulations about how the service is run.

There were new systems in place to monitor the quality of the service and a new computer system had been purchased which was intended to address many of the concerns we had raised previously. A significant number of changes had been introduced over a relatively short period of time. As a result, additional time was needed for these to become fully embedded and for the manager to be able to demonstrate that improvements were sustainable.

The registered manager and staff had taken steps to ensure that accurate medicines records were

maintained and improved checks helped ensure people were receiving the medicines they needed. The registered manager had taken steps to ensure staff were aware of incidents that required notification to the Care Quality Commission (CQC) and the local safeguarding team. Management arrangements had been strengthened

Improvements had been made to the checks carried out on new staff to ensure recruitment was robust and safe.

The manager had revised risk assessments to ensure they were aware of how to support people to remain safe in their homes. There were sufficient staff to meet people's needs and to manage risk safely.

Staff had access to relevant training and regular supervision to equip them with the knowledge and skills to care and support people effectively.

The legal requirements of the Mental Capacity Act 2005 (MCA) were followed when people were unable to make specific decisions about their care. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves.

People who needed support to ensure they had sufficient food and drinks received this. Staff kept records in relation to this, and where they had concerns, raised this appropriately. Staff worked in cooperation with health and social care professionals to ensure that people received appropriate healthcare and treatment in a timely manner.

Staff were kind and caring and treated people with dignity and respect.

There were improved systems in place to support people if they wished to complain or raise concerns about the service.

The provider had systems in place to monitor the quality and safety of the service provided and the provider had appropriately notified the Care Quality Commission of any significant events.

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.

The registered manager had put new measures in place to ensure people were safe.

There were sufficient staff employed to keep people safe.

The provider had appropriate arrangements in place to manage medicines safely.

Checks to ensure staff were safely recruited were now in place.

Allegations and incidents were reported appropriately.

Is the service effective?

Good

The service was effective.

Staff had on-going training to effectively carry out their role. People were supported by staff who reviewed their working practices as staff received regular supervision.

Staff understood their responsibilities in relation to meeting the requirements of the Mental Capacity Act 2005 (MCA).

People's food and dietary preferences were noted in their care plans. Where care workers supported people with food, care workers were aware of people's preferences and needs.

Peoples healthcare needs were monitored and referrals made when necessary to ensure their wellbeing.

Is the service caring?

Good

The service was caring.

Staff had developed positive relationships with people and were caring and kind.

People told us their privacy and dignity were very well respected.

Is the service responsive?

Good

The service was responsive.

The service assessed people's needs with them and their families or representatives, and planned the service to meet people's needs.

Reviews of care plans were held regularly and care plans were updated.

Information on how to make a complaint was available to people and their representatives and complaints were responded to appropriately.

Is the service well-led?

Requires Improvement

The service is well-led

A significant number of new systems had been introduced but there had not been enough time to ensure they were fully embedded.

We found that appropriate action had been taken by the provider to meet legal requirements.

The provider notified the CQC without delay about any incidents they were legally required to do so.

Palmerstone Homecare

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 was 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 between 25 January 2017 and 30 January 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available to respond to our queries.

The inspection team consisted of two inspectors and one Expert by Experience, who carried out phone calls to people who used the service and their families. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

On the day of the inspection we visited the agency's office and spoke with the registered manager, the quality assurance manager, a team leader and a call monitoring officer. We also spoke or met with eight care staff. We visited the home of three people who used the service and met with them and their families plus the staff supporting them on that day We spoke on the phone to six people and four family members and a healthcare professional to ask them their views regarding the support people received from the service.

We reviewed all the information we had available about the service including notifications sent to us by the registered manager. Notifications are information about important events which the provider is required to send us by law. We also looked at information sent to us from others, including family members and the local authority.

We looked at twelve people's care records and ten staff records. We examined information relating to the management of the service such as health and safety records, personnel and recruitment records, quality monitoring audits and complaints.

Good

Is the service safe?

Our findings

At our last inspection in July 2016 in the providers previous location, two breaches of the legal requirements were found, affecting the safety of the service. One breach related to the safe management of medicines. At the time of our last inspection we found inconsistencies in the recording of medicines. A sample of people's medication administration records (MAR) had showed numerous omissions. We requested an action plan from the provider to detail how they would meet legal requirements. This was received.

During this inspection we found improvements had been made. Staff told us they had received thorough training on medicines and had their competency checked and assessed. Staff told us they took steps to ensure stocks did not run out. One staff member told us, "We have been trained very well, any discrepancies are reported to the office straight away." Another staff member told us, "I reported that only one blister pack was delivered to a person, I rang the office and they sorted it out that day." People confirmed that they were supported with their medicines safely, comments included, "Yes they do it for me. It is all written down in a book so they can't make a mistake," "Yes they get them ready for me and make sure I take them" and, "Yes they do all my tablets. I have a blister pack."

Staff completed MARs in a clear way and few errors or omissions were made. Where these had occurred they had been identified by senior staff who took steps to ensure people were safe and the risk of repeated errors was minimised. This included re-checking staff competency where appropriate and reminding staff of the importance of accurate recording.

At the previous inspection we had identified concerns relating to missed visits, late visits and staff not staying for the correct amount of time allocated, the registered manager had subsequently introduced an electronic monitoring system that required staff to scan in and out during their visits. All staff were allocated a mobile phone, the call monitoring officer explained that alerts to the office would show if something is missed. For example a medicine alert, staff have to tick that a person's medicine has been administered, so if they forget to tick, the call monitoring officer receives an alert and can check the medicine was given.

During a visit to one person, we observed staff administering their medicines. The person preferred to take their medicines one by one and was sometimes distracted, staff gently reminded and encouraged them using conversation and humour to support them to take the tablet. Staff told us that this sometimes did take time but they knew that the person would eventually take their medicines but did not like to be rushed.

The system will also provide alerts if staff do not arrive at the appropriate time for the visit and if they have not stayed for the allocated time. Comments from people we spoke with included, "Yes they arrive on time. They are very good and always stay the full time," "They are a bit late sometimes, can be a bit inconsistent and I only have one call a day. Can be as late as 10.30am but they do let me know if running late and do not cut short their time with me," "Yes they are very good at time keeping. They never rush and stay their time." Relatives told us, "They are normally on time but if they are held up they phone but that is a rarity. Yes they stay the time" "They are generally good on time. The office let me know if they are going to be late. That is the procedure. We always have a good chat and they never rush." The quality assurance manager told us

there had been no missed calls since October 2016.

The registered manager had also carried out an extensive audit of staff files, working with their team to ensure all relevant recruitment checks were in place. All staff files we looked at contained the necessary checks required to protect people from the risks of unsafe care. For example, we viewed evidence that the provider had sought advice from the immigration service in relation to the person's right to work in the UK prior to employing the person. A process of verifying all references had been introduced and the registered manager checked all staff files before new staff commenced work.

We saw that suitable arrangements were in place to help ensure people who used the service were protected from abuse. Staff we spoke with could describe various types of abuse and they knew how to report and record any incident of suspected abuse. We looked at staff training records and we saw that all staff now had received training in safeguarding. This meant the service had taken the necessary steps to make sure people were kept safe from harm.

Record storage and retrieval arrangements and standards of recording had improved. The registered manager had appointed a quality assurance manager who was able to efficiently locate and retrieve records we requested. The quality assurance manager had organised and improved all records relating to the service.

The provider was no longer in breach of the regulation relating to safe care and treatment.

The service had arrangements in place to deal with emergencies, whether they were due to an individual's needs, staffing shortfalls or other potential emergencies. The service operated an out of hours on call service.

Risks to people's safety had been routinely assessed at the start of a service and these had been managed and regularly reviewed. People had been part of the risk assessment process and a variety of risk assessments had been completed. These related to the environment, people's mobility needs, falls, nutrition and skin integrity. The risk assessments had clear instructions to staff on how risks were to be managed to minimise the risk of harm. Copies of this documentation could be found in people's homes and helped to ensure staff had up to date information and were kept safe. However, it was noted that although we were able to find up to date information in care files, out of date information remained in the care files and documents were not always filed in the correct order. The quality assurance manager had already identified this and told us that they were introducing a new care plan and format and had a couple of different versions they were currently discussing with the team.

People told us they felt safe when the care staff visited. One person said, ""Yes indeed. My main carer is [named staff member] they are brilliant and been with me quite a time. I can't speak highly enough of them. I also get great support from the office if I need it as well. They are very careful and reassuring with me. I've had experience of other carers in the past and these are the best of all." Another person told us, "Very safe, excellent. I have two carers once a day. They are very careful when helping me." A third person told us, "Yes I do, I have no complaints." A relative told us, "Yes I do. They have two carers call three times a day. They wash and dress them, do their lunch if I am not around. They love [person] and [person] loves them that says it all."

Good

Is the service effective?

Our findings

We checked progress the registered manager provider had made following our inspection in July 2016 when we found a breach of regulation about staffing. We found improvements had been made.

The registered manager provided us with the training programme which showed the dates staff had completed training and also prompted the registered manager of the date the next training was due to be completed. The registered manager explained that a range of training courses had been identified as mandatory and regular refreshers were completed. We saw records which identified that staff had completed refresher training courses identified by the registered provider as mandatory. Mandatory subjects included moving and handling, safe administration of medication, safeguarding, mental capacity act/deprivation of liberty safeguards, food hygiene, infection control and health & safety.

We also saw evidence that additional specialist training had taken place and subjects included principles of care & confidentiality, record keeping & report writing, pressure care, diet & nutrition and incontinence care. Newly recruited staff files we checked identified they had completed a full induction programme in line with the Care Certificate and were also rostered to work alongside other more experienced staff so they were able to get to know people who used the service and gain confidence. The Care Certificate represents a set of minimum standards that social care and health workers should stick to in their daily working life.

At this inspection we saw improvements had been made in relation to the support of staff. The registered manager explained that all staff had one to one supervision every three months and an annual appraisal. Supervision is an accountable, two-way process, which supports, motivates and enables the development of good practice for individual staff members. Appraisal is a process involving the review of a staff member's performance and improvement over a period of time, usually annually. We looked at the records of eight staff and saw that supervisions had been completed as planned. The management team had a programme in place that identified when appraisals are completed or planned, the registered manager told us that although some appraisals were still outstanding, planned dates were in place.

The registered manager and care manager told us that spot checks, to observe care practice, were carried out every three months or sooner when an issue or concern was identified. Staff records confirmed these had been completed.

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. Where someone is living in their own home, applications must be made to the Court of Protection.

The service provided care and support to people who sometimes lacked capacity to make certain decisions for themselves and liaised with the local authority in relation to mental capacity assessments and best interest decisions. The service was in the process of introducing new care plan formats that included

capacity assessments. People or their representatives signed their care plans to indicate that they provided consent to their care being provided by the agency. We viewed records and saw that other professionals were contacted on behalf of people who lacked capacity.

People we spoke with told us staff routinely sought their consent prior to offering or providing care to them. One relative told us , "Although [person] is housebound they make every effort with her. They speak to her and make her laugh. They also always ask what she wants and discuss things with her."

Staff we spoke to had a good understanding of the MCA, one staff member told us, "I always give people choice or give people options, if there was any concerns around decision making I would speak to the family and contact the office." Another member of staff told us, "For example, sometimes family leave food for people, but they tell me they would prefer something else then we look for what else is available so they can have something different."

Some people were supported with their meals. People made positive comments about this. One person said, ""Yes they do my lunch and my tea for me. When my [family member] gets in from work he does the rest." Another person said, "[Named staff member] makes the best porridge ever, they do everything I ask and more." A relative told us, "Well they just do their lunch for them if I'm not around. I trust them completely and have no problems with leaving [person] with them if I have to go out." During visits to people's homes, we observed people being offered choices for breakfast.

Care records demonstrated that there was involvement with healthcare professionals. For example, we saw a referral to an occupational therapist, as a ramp was required to enable the person to go out. In another example, a staff member told us, "[Person] likes to remain in bed, which means they have a high risk of developing a pressure sore, but we work closely with the district nurse to monitor their skin carefully." A healthcare professional told us, "The carers that visit the person I see are really good."

Good

Is the service caring?

Our findings

People gave us positive views about their care and said they were well cared for. One person said, "Very happy with them. They are very respectful, they are like friends. I look forward to them coming." Another person told us, "[Named staff member] is the main one that comes to me. She is very good but others are all obliging too. They care and talk to me and don't rush off." A third person commented, "Very good, excellent in fact." A relative told us, "Oh very happy. They are excellent. The carers deserve more recognition for what they do. Please report that back." Another relative told us, "They are fantastic and do everything I ask."

People were treated with dignity and respect. One person told us, "Yes they are fully respectful towards me." Another person said, "Yes I have a nice chat with them and a laugh. They don't rush off and leave me." A relative told us, "They are friendly, they are all the same." Another relative told us, "Most definitely. I am treated well by all of them to not just the main one".

Staff gave us examples of how they promoted dignity and respect when providing care. One staff member told us, "I explain everything carefully, and keep doors and curtains closed." Other examples care workers gave us included talking to people throughout receiving care, keeping blinds and doors shut to maintain privacy and keeping people covered when helping with personal care.

During our visits to people's homes we observed staff using the key pad system to gain entry but also calling out a cheery hello to people to let them know they had arrived. The staff closed the door to support the person with personal care, it was evident that staff talked to the person as they worked as lots of laughter and conversation was heard to continue.

Staff told us that one person we visited would not permit them entry as the person lived with dementia and did not trust staff initially. This person now greeted staff smiling at the door and immediately invited them in. They went on to explain that they kept working with the person slowly and eventually gained their trust.

Staff supported people to meet their choices and preferences. One person commented, "They always listen to me, yes. We have quite a natter and they never rush off." Another person told us, "Oh yes. They even take my rubbish out for me and ask what else they can do before they leave." A third person said, "Definitely. They always ask me before they go if there is anything else I want them to do. They always listen when I am talking to them."

Staff understood the importance of promoting independence. They told us how they would always encourage people to do as much for themselves as possible. One staff member told us, "I let the person have the choice and we discuss what they can manage, and what they would like me to do."

Good

Is the service responsive?

Our findings

At our previous inspection, the provider had not been able to demonstrate that care plans had the necessary information to meet people's needs and that these needs were regularly reviewed. They had also not had a log or audit of the complaints they received.

We saw the provider had a complaints process in place and found since the last inspection staff had carried out investigations into people's complaints. We found each complaint had an outcome and the person who complained was advised of the outcome. This meant the provider took people's complaints seriously and had made improvements since the last inspection. People told us that knew who to contact if they were unhappy with the service. One person told us, "The carer and if a problem, although haven't had one, then the office." Another person told us, "I phone the office." One person told us that when they were not happy with a particular member of staff the service changed this immediately.

People told us that staff turned up as planned and that if, on odd occasions, they had been delayed they were usually contacted to let them know. Staff also said they were able to have sufficient time allocated to travel between calls.

We found that people's needs were assessed upon referral to establish if the service was able to meet the person's needs. Information was provided about person's care and support needs by, either the person or their family member. This enabled the service to produce a care plan and people and their relatives told us they had been involved with this process. One person told us, "I personally do my care plan with them, yes."

People had the choice to decide what they wanted staff to do and how staff supported them. This included specifying the gender of staff they preferred. People and their relatives told us they were happy with this and their comments included, "I have no problems with that all," "I have two male carers that come and shower me and quite happy about that," "I am [happy with gender of staff]. They are ladies but they are so good and nice" and "She has four calls a day and they are all females. Quite happy with that for my wife."

We found that care plans did contain person-centred information related to people's likes, dislikes, needs and preferences. In one care plan it recorded, "D is a big Spurs fan and enjoys watching the matches with his sons." For one person a detailed fact sheet was found providing staff with guidance about the persons condition. Care plans we looked at contained appropriate reviews and it was noted some reviews were very detailed and included information from the person, their family member and staff supporting the person. A relative told us, "They are fantastic, they do everything I ask and are doing far more than what we need."

The quality assurance manager was aware that although we found all the information required care plans were disorganised and out of date information contained within the care plan made finding the latest information difficult to find. They told us that they intended to introduce a new care plan that was more detailed and would be reviewing all information as part of this process.

Requires Improvement

Is the service well-led?

Our findings

We checked progress the registered provider had made following our inspection in July 2016 when we found a breach of regulation in regard to good governance. We found significant improvements had been made.

There was a registered manager in post at the service. The registered manager was also the registered provider. 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 and associated Regulations about how the service is run.

Since the last inspection the organisational structure of the service had been changed and included a new quality assurance manager. A consultant was also working with the registered manager to look at ways of improving the service and putting systems in place to maintain improvements and meet the regulations.

We found quality assurance processes had improved with systems now in place to monitor and assess the quality of the service. The new electronic monitoring service gave the service oversight on all care records including MAR charts being completed during visits to people's homes, staff had to tick all completed tasks, if any tasks were not completed an alert was sent to the care co-ordinator who would investigate and find out why the task had not been completed.

Staff performance and records were also checked during quality assurance visits or spot checks and action taken to address any concerns found. For example, during one spot check a supervisor had identified that a member of staff would benefit from risk and hazard training, when we checked the training records we saw evidence that this had been completed. People and their relatives told us, "Yes they do carry out spot checks and I have also filled in a survey about what I think." Another person told us, "Yes they do spot checks. The manager or a supervisor comes out. No I haven't had a survey."

We saw staff attended regular meetings with the management team. Staff we spoke with told us they were kept up to date with developments and were able to provide feedback on matters relating to the running of the service.

The service now had systems in place for training and supervision, safeguarding incidents, accidents and incidents, complaints, and recruitment. As a result, the registered manager had an improved oversight of what was happening at the service and they could be assured people were getting the support they needed.

At our last inspection it was identified that safeguarding incidents had not been reported to meet the safeguarding legal requirements of the local authority or informed the Commission of these concerns. The provider had worked with the local authority to improve communication and transparency in this area. The quality assurance manager now recorded all safeguarding incidents or concerns on a spread sheet and shared this with both the local authority and the commission. All incidents were now reported in a timely manner.

We asked the people using the service if they felt the service was well-led. People gave feedback including, "Very well. Far better than the company I had experience of before" "Yes I think they are OK and react quickly to any problems" "Well I understand that the carers have training in their lunchtime and don't have time to eat sometimes. The company should provide a meal for them. They work hard. Please tell them that."

The registered provider must now evidence that improvements can continue and then be sustained to ensure the service is well-led. Systems and processes that have been introduced must remain consistent and robust to continue to effectively improve and monitor the service and mitigate risks to people.