

Pinnacle Care and Support Services Ltd

Derwent Court

Inspection report

18 Derwent Court
Hobart Close
Chelmsford
CM1 2FN

Tel: 07882525173

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18 September 2019

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Derwent Court is a domiciliary care service which provides personal care and support to two people aged 65 and over.

People's experience of using this service and what we found

Staff knew how to raise concerns, but there had been an occurrence where the registered provider had not fully implemented all the recommendations the local authority had made following a safeguarding incident. Systems needed to be put in place to share learning when things had gone wrong. We have made a recommendation about safeguarding.

Risk assessments were in place but needed to be specialised according to the needs of the people receiving care. There were enough staff to deliver care to people, but systems needed to be put in place to monitor the frequency of late or missed care calls.

Staff were experienced in health and social care and had completed various training courses and qualifications with their previous employer. However, the registered manager had yet to implement a robust system to ensure staff were trained and competent in line with current guidelines.

Assessments were carried out but needed to be developed to ensure they were holistic. We have made a recommendation around assessment.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. However, the systems in the service did not support this practice, because there was lack of evidence the registered provider had provided training for staff.

Staff were compassionate, kind and caring and had developed good relationships with people using the service. People were comfortable in the presence of staff.

Relatives confirmed the staff were caring and looked after people well. People were provided with the care, support, and equipment they needed to stay independent. People had positive relationships with their care workers and were confident about the service.

Policies and procedures were in place to ensure complaints could be dealt with effectively. This was a new service and had not received any formal compliments or complaints.

The service was not delivering end of life care to people, but policies and procedures were available. We have made a recommendation around end of life care.

The registered manager had not considered how differing communication needs could be met. We have made a recommendation about accessible communication.

Systems were in place to seek the views of people who used the service, but they needed to be developed to monitor the quality of service and look at how the service could be continually improved.

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

Rating at last inspection (and update) This service was registered with us on 10 October 2018 and this is the first inspection.

Why we inspected: This was a planned scheduled inspection. We have found evidence the provider needs to make improvement. Please see the safe, effective, responsive, and well led sections of this report.

Follow up: We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Derwent Court

Detailed findings

Background to this inspection

The inspection: We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team: This inspection was carried out by one inspector.

Service and service type: This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 18 September 2019 and ended on 23 September 19. We visited the office location on 18 September 2019.

What we did before the inspection: We sought feedback from partner agencies and professionals. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection: We spoke with two relatives about their experiences of the care being provided, two members of staff, and the registered manager. We also visited a service user at home to look at the care they received.

We reviewed a range of records. This included two people's care records and medication records. We looked at one staff file in relation to recruitment and staff supervision. A variety of records relating to the

management of the service, including policies and procedures were reviewed.

After the inspection: We continued to seek clarification from the provider to validate the evidence we found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. This is the first inspection for this newly registered service. This key question has been rated Require Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- A few months prior to the inspection, one safeguarding alert had been raised relating to concerns around neglect. One person needed care to maintain their skin integrity. This had deteriorated because staff had not checked to make sure that pressure relieving equipment was working correctly. The registered manager had carried out a robust investigation into the concerns, and provided a response to the local authority. They were still in the process of carrying out improvements to the service. For example, they told the local authority that staff would receive training in pressure care, however this still needed to be carried out.

We recommend the provider carries out all the improvements in response to the safeguarding investigation, such as ensuring staff are trained in pressure care.

- Staff knew how to raise safeguarding concerns correctly. One staff member said, "I would report any concerns to the manager, and I would report the manager if they didn't do anything because we are duty bound."
- Whistleblowing policies were in place, and staff were confident about using them.
- Systems were being put in place to review how learning could be shared if an incident occurred.

Assessing risk, safety monitoring and management;

- Assessments were not in place to assess the risk of people who may have been at risk of developing pressure ulcers.
- General risk assessments were in place which provided staff with guidance about how to minimise the risk to people. These covered a range of areas including, the environment, eating and drinking, the use of bed rails and medication.

Staffing and recruitment

- The registered provider was new to delivering care and had recruited a small staff team to assist them.
- No one raised concerns about staff arriving late. However, we noted a feedback form had recommended that staff could be better at turning up on time or informing people if they were running late.
- Systems needed to be put in place to monitor the occurrence of missed and late visits once the service started to grow. At the time of the inspection, the registered provider was only delivering care to two people.
- The registered manager told us they were planning to purchase an electronic system which would assist them with monitoring missed and late visits as the service grew.

Using medicines safely

- The registered manager was assisting one person with their medicine. Medication Administration Records (MARs) showed this had been administered at the correct time and there had been no omissions.
- People told us they received their medicine on time and in the right way. One relative said, "I used to have do the medicine for both of us, and that can get confusing when you have your own medicines to take, as well. Now I know [Name of person] is getting it when they need it."
- The registered manager had a system in place to audit MARs and told us this would be used when the service grew in numbers.
- Policies were in place that met NICE guidelines.
- Staff had been trained in medicine administration, but the training had been gained with their previous employers not the current provider.

Preventing and controlling infection

- Infection control policies were in place that met current guidelines.
- Staff had access to personal protective equipment (PPE,) such as aprons, gloves, and hand gel. We observed staff using this when they visited people in their homes.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence. This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff had previous experience of working within the health and social care sector. They had completed training courses with previous employers and had completed qualification credit framework (QCF) Qualifications in Health and Social Care. However, there was a lack of evidence to confirm that the registered provider had satisfied themselves that employees had been trained in mandatory topics and were competent to deliver the care being provided. We provided the registered manager additional time following the inspection, to supply us with further evidence of staff training, but this was not forthcoming. The registered manager said, "We have engaged a training provider for face to face training, to ensure we are compliant. This is in place for when we start to grow."
- Staff told us they had been given a good induction, which included shadowing, so they could get to know the people they were supporting.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager carried out an assessment prior to delivering care to people. The assessment covered a range of areas, including the type and frequency of the support required. However, the assessor did not always capture all the information required to ensure the assessment was holistic. For example, one person required support to maintain their skin integrity, but the assessment had failed to identify this aspect of care.
- The assessment did not explore if lasting power of attorney was in place.

We recommend the registered provider develops the assessment process ensuring best practice guidance is followed.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- The principles of the Mental Capacity Act 2005 (MCA) had been followed regarding obtaining consent to

care. However, the registered manager had not explored if people had either enduring or lasting power of attorney (EPA or LPA) arrangements in place. Care plans did not identify who would be responsible for decision making arrangements on behalf of people should the need arise.

- There was a lack of evidence the registered provider had trained people in the MCA and DOL's. However, staff were able to demonstrate they understood how the MCA would apply to people receiving personal care.
- Care plans included information explaining how people's dementia may affect their day to day decisions.

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

- At the time of the inspection, the registered provider was not supporting anyone who may have been at risk of choking or who needed support with a textured diet.
- At the time of the inspection, the registered provider was not working with anyone who needed assistance to prepare meals.
- Care plans included information about people's preferences, should support be required around this area in the future.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Care plans contained information about health professional involvement.
- One relative told us since their family member had received care from Derwent Court, their health had improved. They said, "They have got [Name of person] into a better situation, than what they were in at hospital. It used to be a right struggle, but it is much better now."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect. This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they knew staff well and valued their support. One relative said, "We are very happy, we have got to know them really well."
- We observed staff speaking to people respectfully and treating them in a dignified way.
- We observed staff being kind to people. They asked their consent and explained what they were going to do before giving personal care.

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

- Care plans explored people's needs in a holistic way. For example, personal interests, hobbies, likes and dislikes, religious and cultural needs had been explored.
- People were asked if they wished to receive personal care from staff of the same gender and their wishes were respected.

Respecting and promoting people's privacy, dignity and independence

- Staff could explain how they maintained people's privacy. One staff member said, "We close the curtains, windows and doors, and speak to them. Sometimes, people get confused and do not know what they want to wear. So, you get their clothes and show them the difference. You allow them to choose. We aim to treat people how they want to be treated."
- We heard staff speaking in a gentle way to people and offering them reassurance.
- Confidentiality was maintained at the service which meant information held about people's health, support needs were kept secure and treated with respect.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs. This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant people's needs were not always met.

End of life care and support

- At the time of the inspection, the registered provider was not delivering end of life care to people.
- Improvements were needed to ensure the service would be able to meet people's end of life care needs, if this was required.
- Policies and procedures relating to end of life were available for staff and the registered manager told us end of life training would be arranged for staff.
- Care plans did not explore people's preference and choices in relation to end of life care. This is important because a sudden death may occur.

We recommend the registered provider implements systems and processes in relation to end of life care, in line with best practice guidance.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment, or sensory loss and in some circumstances to their carers.

- There was limited evidence to show the registered manager had considered the accessible communication standards.

We recommend that the registered manager obtains further training in this area and implements best practice to ensure this standard can be met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- At the time of the inspection, the registered provider was not providing support services to help people to access the community or do activities.
- People's care plans contained information about their preferences, interests, and life history.
- Each person's care record had information about the person. This included the person's preferences, interests, and details of individual daily needs such as mobility, and personal hygiene.
- Care plans gave staff specific information about how the person's care needs were to be met and what staff needed to do to deliver the care in the way the person wanted. Care plans were regularly reviewed.

Improving care quality in response to complaints or concerns

- An effective complaints policy and procedure was in place.

- People were aware of how to make a complaint. For example, when the service started, they were given an information pack which outlined how the service operated and how to make a complaint. No complaints had been raised.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture. This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The registered manager was not clear about the regulatory requirements relating to events that the CQC should be notified about. For example, a safeguarding incident had been investigated by the local authority three months prior to the inspection. A notification had not been submitted. We asked the registered manager to submit a notification retrospectively.
- Derwent Court was a new business and had been set up by two people who had worked and trained together in the past. A third person supported them to deliver care to people. One staff member said, "I think the [Name of Registered Manager] is doing great. I would like my family member to have this service."
- The registered company had different address with Companies House and the Care Quality Commission. The registered manager told us they were currently in process of ensuring the address matched each other.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was open about the concern that had been raised with the service and shared what action had been taken as a result.

Promoting a positive culture that is person-centred, open, inclusive, and empowering, which achieves good outcomes for people

- People who used the service had been consulted about the quality of the service they received, this could be developed further to obtain the views of family members, staff and health professionals.
- The registered manager was developing systems to assure the quality of the service. Templates of audits to monitor and assess the service were available but had not been implemented.
- Spot checks had been carried out on staff and covered a wide range of areas. For example, the registered manager checked that staff were wearing the correct clothes, and carrying out care tasks correctly.

Working in partnership with others; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were encouraged to be involved with care planning and the registered manager told us they were currently looking at developing links with the local community. They explained they had been in contact with Age UK and the Clinical Commissioning Group (CCG).

Continuous learning and improving care

- The registered manager understood the different aspects of the service and helped to deliver support to

people.

- Systems and checks needed to be developed to ensure the service would be monitored and consider how any information gained could be used to make improvements to the service.