PerCurra Limited

Percurra

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection was announced and took place on 8 November 2016. Percurra provides a service to adults living in their own homes. The service provides care and support to adults with a learning disability, mental health conditions, physical disabilities and sensory impairment. At the time of the inspection there were approximately 24 people using the service who received personal care.

The service had a registered manager in place at the time of our inspection. 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 our inspection on 26 January and 4 February 2016, we asked the provider to take action to make improvements to staffing levels. Action had been taken by the provider and the recruitment of staff was on-going, however people and staff told us there were not sufficient numbers of staff. This resulted in people not always receiving the support which was planned.

People were kept safe by staff who understood their responsibilities with regard to protecting people they were caring for from harm or abuse. Potential risks to people's safety had been assessed and responded to.

People who required support to take their medicines received assistance to do so. Staff who provided this assistance to people had been trained and assessed as competent to do so.

People were cared for by staff who received the training and support they required to carry out their roles effectively.

People were asked for their agreement to their care and had opportunities to provide written consent. People were supported to maintain their health and have sufficient to eat and drink.

People had positive relationships with their care workers. People and their relatives felt that their relation was treated with kindness and people's privacy and dignity were respected.

People, who used the service, were encouraged to contribute to the planning and review of their care.

At our inspection on 26 January and 4 February 2016 we asked the provider to take action to make improvements to ensure care was planned which met people's needs and preferences, and this action had been completed. People's care plans contained sufficient information to guide staff and people told us that staff provided care and support in the manner they preferred.

At our inspection on 26 January and 4 February 2016 we asked the provider to take action to make improvements to ensure complaints were dealt with effectively. We found this action had been completed.

People were provided with information about how to make a complaint and complaints were responded to.

At our inspection on 26 January and 4 February 2016 we asked the provider to take action to make improvements in relation to the governance of the service. We found that improvements had been made and we were receiving notifications as required. However further improvements were required to quality monitoring systems to ensure they were effective in identifying and responding efficiently to issues such as whether people were receiving visits in line with their needs and preferences.

People had mixed views on how well the service was run. People told us that when problems had been encountered this was as a result of poor communication.

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.

People did not always get the service planned for them as there was not sufficient numbers of staff deployed in the service.

People were kept safe due to effective systems and staff knowledge of reporting concerns about people's safety.

People received the support they required to take their medicines from staff who had been trained and assessed as competent to do so.

Is the service effective?

Good

The service was effective.

People's right to give consent and make decisions for themselves was encouraged and staff sought people's consent before providing them with care and support.

People were cared for by staff who received the training and support they required to carry out their roles effectively.

People were supported with their healthcare and nutritional needs.

Is the service caring?

Good

The service was caring.

People had positive relationships with their care workers. People and their relatives felt that their relation was treated with kindness and people's privacy and dignity were respected.

People who used the service were encouraged to contribute to the planning and review of their care.

Is the service responsive?

Good

The service was responsive.

People's care plans contained sufficient information to guide staff and care workers provided care and support in the manner which people preferred.

People were provided with information about how to make a complaint and complaints were responded to.

Is the service well-led?

Requires Improvement

The service was not always well led.

People had mixed views on how well the service was run. Systems in place to communicate with people who used the service were not always effective.

There were processes in place to monitor quality to drive improvements within the service. However, improvements were required to some of these processes to ensure they were effective in identifying and responding efficiently to issues.

We were informed of events in the service that the provider is legally required to inform us about.

Percurra

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 8 November and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office. The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection, the provider completed a 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 looked at previous inspection reports, information received and statutory notifications. A notification is information about important events and the provider is required to send us this by law.

During the inspection we spoke with four people who used the service and three relatives. We also spoke with three care workers, a care co-ordinator, a care manager, the registered manager and the managing director. We also spoke with two health and social care professionals who had involvement with the service.

We looked at a range of records kept as part of the running of the service. This included the care records for five people, the staff training matrix, the recruitment records for three staff as well as other records kept by the registered manager as part of their management and auditing of the service.

Requires Improvement

Is the service safe?

Our findings

At our last inspection on 26 January and 4 February 2016, we asked the provider to take action to ensure that there were sufficient numbers of suitably qualified, competent, skilled and experienced staff. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection, we found that although there had been some improvements people did not always get the service planned for them because the staff who normally supported them were not available and chose not to receive support from alternative staff.

We received mixed feedback from people about whether care workers were available to support them at the time they required. Two people told us that recently staff had always been available to provide support. Two people told us that the service was not always able to provide care at the time they required. One person told us, "If they haven't got enough they move people so your worker has to go somewhere else and might not get to you when they should." Another person told us that the service had not met their care visit requirements on a number of occasions.

Some of the staff we spoke with told us that more staff were required and there had been difficulties in covering care calls at the times requested by people in the event of staff absences. Staff told us they were aware that the provider was recruiting more staff. The managing director told us that they have a five stage process to cover care calls that are unallocated due to sickness or staff absence. As part of this process the person can indicate whether they are happy for the call to be provided at a different time or covered by another member of staff. We were told by the registered manager that some people do not wish unfamiliar staff to provide support or for the time to be changed and so cancelled the call. We saw records which confirmed that this had been the case for one person and spoke to another person who confirmed this process was followed. However the person told us, "It doesn't work for me to have people coming we don't know and I have had months waiting for them to get me carers. In the meantime I have had lots of calls being cancelled."

The registered manager told us that the recruitment of care workers was on-going and an induction of new staff was being held on the day of our visit. The managing director told us that cover in the event of regular staff not being at work was provided by the on call support team. A member of the on call team told us that they had received training in relation to people's needs so they would be able to provide support in the event of staff absences. People and their relatives told us that if two staff were required, this was provided.

People were supported by care workers who had been through the required recruitment checks to preclude anyone who had previously been found to be unfit to provide care and support. This included obtaining references to show applicants suitability for this type of work and whether they had been deemed unsuitable by the Disclosure and Barring Service (DBS). The DBS provides information about an individual's suitability to work with people to assist employers in making safer recruitment decisions.

People we spoke with told us they felt safe. People told us that staff had ID badges and they were introduced to new care workers. One person told us, "Normally they (staff) will have been on a shadow (shift) and been

introduced by another worker." People told us that they knew who to contact if they had concerns and felt confident to do so. People's relatives also felt that their relation was safe.

People could be assured that staff knew how to respond to any allegations or incidents of abuse. The staff we spoke with told us that they had received training in safeguarding adults during their induction at the service. Records accessed confirmed that staff had received training and the registered manager confirmed that staff had recently completed a quiz in relation to safeguarding to ensure their knowledge remained up to date. The staff we spoke with were knowledgeable about the different types and signs of abuse and were clear on the action they would take if they suspected abuse. Staff felt confident to whistle blow on poor practice if they needed to and were aware of the role of external agencies in responding to safeguarding concerns. The registered manager was aware of their responsibility to report safeguarding concerns to the local authority and had done so when required.

People told us that they were confident that care workers used equipment safely and responded appropriately to incidents. One person told us, "I did fall once when they (care workers) were here. It wasn't their fault and they were very good. I have no problems at all with the carers."

Potential risks to people who used the service and to care workers were identified and action taken to reduce the risks. These included environmental risks and risks due to the health and support needs of each person. For example, one person was at risk of choking and care records clearly recorded that the person required a soft diet to reduce this risk. Another person was at risk of falling whilst they were in the shower and measures were in place to reduce the risk of harm whilst respecting the person's independence and privacy. A risk assessment of the environment in which care was delivered and equipment used was reviewed on an annual basis.

The staff we spoke with were knowledgeable about potential risks to people's safety. One staff member told us, "When we go into a person's home we check there is nothing people could trip over, switch off electrical items, and make sure the person has everything round them that they need." Another staff member spoke about ensuring people's homes were secure and the importance of reporting any changes in people's condition to their manager. We accessed daily records which evidenced that staff had reported changes in a person's health condition to their manager and to the person's relative. Staff told us that people's care plans and risk assessments were useful in providing guidance as to how the risks to be could be reduced. One staff member described these as containing, "Vital" information.

Some people required support from staff to help them manage their medicines and people told us that they received their medicines when required and these were managed safely. One person's relative told us, "[Relation] gets them (medicines) on time and the recording is thorough." Another person's relative told us that the checks and paperwork regarding medicines had been, "Tightened up" by the provider and they felt more confident in care workers supporting their relation safely.

Staff told us that they had received training in medicines management and records accessed confirmed this to be the case. One staff member told us, "We get (medicines) training on induction and a booklet with all the information we need." Staff told us that they felt confident in supporting people with their medicines and were able to tell us what steps they would take in the event of a medicines error to ensure the risk of harm to the person was reduced. Staff confirmed that they had their competency to administer medicines assessed and we saw records which confirmed that competency assessments of staff were being carried out.

Care records and MAR sheets contained information about the medicines to help ensure their safe use. For

example, any allergies people had were recorded and staff were instructed where creams needed to be applied.

Good

Is the service effective?

Our findings

People generally felt that care workers were equipped with the skills and knowledge to meet their needs. One person's relative told us, "Most (staff) are very good and all are competent. They have all been trained with the hoist." Another person told us, "I have no problems with the care workers. They are all very good and doing their best."

Staff told us they received an induction when they commenced working at the service and were complimentary of this. One staff member told us, "It's one of the best training courses for induction I have been on. It was absolutely brilliant, very practical and in depth." Another staff member told us, "Induction was good and covered everything."

Staff were also complimentary of the training provided. Records showed that staff had received training in a range of areas relevant to their role such as moving and positioning, basic life support and infection control. It was recorded that training for some staff had been provided a number of years ago. We raised this with the registered manager who told us that refresher training, for example in relation to safeguarding adults had been provided but this was not reflected in the records we accessed. However, staff told us they felt confident in being able to meet people's care needs and had received specialist training when required. Records showed that staff had received specific training when required in relation to people's healthcare conditions.

The staff we spoke with said that they were supported by the management team at the service. Staff told us that they received supervision although the frequency of this varied from monthly to once every three months. The managing director told us that they aimed that staff should have supervision on a monthly basis. Staff told us that they felt confident in asking the management team for support if required.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People had their rights to give their consent and make decisions for themselves respected. One person told us that they had been involved in reviewing their care plan and had, "Agreed to the changes they have just made." People's relatives told us that their relation was asked for their consent before care workers provided support. One person's relative told us, "Yes, they (staff) always say what they are going to do," whilst another relative said, "They (staff) ask [relations] permission before they start doing things."

We saw that consent forms had been signed by people to evidence their agreement to the care package, care plans and risk assessments. We found that one person's care plan did not contain a consent form and information contained within the care plan indicated that the person may not have capacity in relation to a specific decision. The registered manager told us that the person had capacity and the care plan had

recently been rewritten and had not yet been audited to ensure it contained all the correct information. They confirmed this would be done.

Staff told us that they had received training in the MCA and were aware of the importance of seeking people's consent to their care and supporting people to make decisions. One member of staff told us that they would ensure that the person was provided with the information they required and support the person using effective communication methods to ascertain their wishes. The registered manager and staff told us that they were not providing care to anyone who lacked the capacity to make decisions in relation to their care and support.

People were provided with support to ensure they had enough to eat and drink to maintain their health and well-being. Some of the people we spoke with told us that they do not require support with eating and drinking whilst one person's relative told us, "I was pleased to know they (staff) would help [relation] with meals. I usually prepare the meals but they sit with [relation] and help [relation] eat." They also told us that care workers encouraged and supported their relation to keep hydrated.

People's care records contained information about how people were supported to eat and drink. Staff were provided with written guidance about people's dietary requirements and food and drink preferences. Information had been updated in care plans when people's support needs in relation to eating and drinking had changed. For example, one person had previously required pureed food but was now able to eat a normal diet as long as this was cut up. One member of staff told us about one person they supported who was at risk of malnutrition. They told us that they would support the person to eat and drink and would record their food and fluid intake so they could monitor the amount the person ate.

People received support they needed with regard to their health and wellbeing. When asked if care workers supported their relations with their healthcare, relatives comments included, "Yes, all of them. They (Staff) have been commended by the district nurse for [relations] skin care. They would definitely draw our attention to any problems and recommend contacting the GP if necessary", and "If [relation] has a lesion on leg or anything they will say and I will ring the nurse or a doctor."

The staff we spoke with displayed a good understanding of people's healthcare conditions and how these were managed. They told us about the action they would take if they were concerned about people's health, including calling for an ambulance, speaking to relatives and the on-call team. People's care records contained good information about people's healthcare conditions and how these were managed which included signs of possible deterioration in people's health. If people required interventions to enable them to maintain good health, such as regular exercises, this information was incorporated into care plans and the person's daily support plan.

Staff told us that they were communicated with by office staff in the event that they needed to be aware of changes in a person's health condition. One staff member gave us the example of reporting to the office that a person they supported had a pressure sore and stated that staff were contacted immediately to inform them of this change.

We spoke to two health and social care professionals about the support the service provided to people to ensure they maintained good health. Both were complimentary of the support that care workers had provided to people and the positive impact this had on people's health and well-being.

Good

Is the service caring?

Our findings

People told us that staff were caring, kind and friendly. People's comments included, "They always seem to be very caring," and "If my [relative] is going to dash off they always make sure I am ok and comfy. They have been a reassuring presence when paramedics have been called. Worried but very professional."

We found that positive and caring relationships had been developed with people and their relatives. One person's relative told us how impressed they were when their relation was in hospital and the care worker visited them on a couple of occasions during their hospital admission.
All of the care workers we spoke with talked about people respectfully and were knowledgeable about their needs and preferences. Records showed that staff had been responsive to concerns about people's emotional and physical wellbeing. For example, the advice and assistance offered to a person's relative following a fall was documented within people's daily care records.

Staff told us that they had time to sit and talk to people to find out information about their background and likes and dislikes. Information in care plans provided guidance to staff about how people could be supported to maintain their independence and privacy and dignity. Care plans included information about what was important to people and what their goals were. The provider had recorded in their PIR that, "We encourage customers to interview staff, and take an active part in their care planning, reviews and goal setting." People were asked their preferences about staff gender and age and offered the opportunity to interview potential staff. Daily records accessed suggested that people's preferences regarding the gender of staff provided to them were taken into account. People told us that if they had identified that they did not get on with a particular care worker, this was responded to by the management team.

People were asked their preference about how often they wished to be involved in reviewing their care plans. People and their relatives told us they were involved in reviewing care plans and consulted about any changes. One person's relative told us, "We sat and talked to them (staff) about what [relation] needed and what support we might want." We saw written confirmation of reviews having taken place with people and their relatives which recorded if the person was happy with the support which was being delivered. One health and social care professional told us that a person using the service had specific needs in respect of their communication and that the service responded appropriately to this to ensure the person received information in a way which met their needs.

People told us that care workers treated them, their property and belongings with respect. People said that care workers kept them informed of any changes to their visits to the best of their ability and acted professionally. One person said, "They (staff) never identify anyone or say anything derogatory about service users."

Staff we spoke with showed a clear understanding of the importance of treating people with dignity and respect and were able to give us examples of this, for example, when providing personal care, giving people choices and respecting their wishes. Staff also told us about how they supported people to maintain their independence by encouraging people to do as much as they could for themselves. One staff member told

us, "If they (people) want to help then let them, as long as they are safe."

Good

Is the service responsive?

Our findings

At our last inspection on 26 January and 4 February 2016, we asked the provider to take action to ensure that care and treatment was planned in line with people's preferences and ensuring their needs were met. We identified a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection, we found that there had been improvements to the information contained within people's care plans.

One person's relative told us that the information provided in their relations care plan was much improved and offered the correct guidance for staff. They said, "(Care Plans are) definitely improved. Have been regularly updated and organised better." The majority of people we spoke with were satisfied with the information contained within care plans and felt that care workers provided care and support in the manner which they preferred.

The care plans we accessed during our inspection gave a clear description of how people's needs should be met. For example, information was included about the specific medicines people took and how to use any equipment the person required. Care plans also contained a detailed breakdown of the tasks required on each call which incorporated which the person was able to do themselves and which they required support with, for example in relation to personal care. The daily records we accessed indicated that care tasks were being carried out as required. The managing director told us that people's care plans were in the process of being reviewed and rewritten to ensure that they contained correct and up to date information. The care plans we looked at during our visit contained evidence of reviews having taken place with people or their relatives.

People told us that staff usually arrived on time for their care call and stayed for the full length of time, unless the person told them to go. One person told us, "Time keeping is quite good. If they've finished I might just tell them they can go." Staff also told us that they were normally able to arrive on time and stay for the allocated amount of time. Staff told us that improvements had been made to their rotas to allow for travel time and that if their rota did not allow sufficient travel time they could contact the office and changes would be made. They told us that problems sometimes arose when changes were required and rotas changed to cover staff absences.

People were supported to maintain their hobbies and pursue their interests if they required this support. In their PIR the provider told us, "We try to encourage and provide magical moments; recently we helped support a customer to undertake white water rafting." Staff told us the goals of people they supported ranged from wanting to maintain their independence in their own home, support to access the community, attend social events and engage in activities such going to the gym or diving. Staff told us that they had enough time on calls to engage in activities people enjoyed. One person told us that staff were aware of their interests and engaged with them about this. They said, "They (staff) bring the paper for the sports news, keep me updated about my team."

At our last inspection, we asked the provider to take action to ensure that complaints were investigated and

action was taken to resolve people's concerns. We identified a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection, we found that the necessary action had been taken to ensure complaints were investigated and responded to appropriately. People and their relatives were aware that they could make a complaint if they were not happy with the service being provided. People told us that they had made complaints to the service previously and that these had been dealt with.

People were provided with information about how to complain to the service. The managing director told us that they recorded people's concerns in addition to formal complaints. Records showed that concerns and complaints had been documented and the action taken had been recorded. We saw that the complainant had been contacted to ask if they were happy with the response.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection on 26 January and 4 February 2016, we asked the provider to take action to ensure that they were monitoring service provision to identify where improvements were required. We identified they had not been doing this which was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection, we found that efforts were being made by the management team to identify and respond to issues, however further improvements to these systems were required to ensure their effectiveness.

People expressed mixed views of the leadership of the service and whether communication and responsiveness of the service had improved. Some people told us that they felt that the leadership of the service was competent and had improved. One person's relative told us, "Yes (the service is well led), on the whole. I have often asked [relative] if they wanted to look elsewhere but they always say no, they are happy with them." However, some of the people we spoke to felt that the service they received was negatively impacted on by poor communication and a lack of reliability. One person's relative told us, "We only see leadership in times of crisis but poor communication at office, lack of continuity of service or contingency plans seem to be issues." Another person, when asked if the service was well led said, "No. Poor communication is at the heart of it."

Although people had care plans which reflected when and how they would like to receive care and support, we received mixed feedback about whether people were consulted on changes to these. For example, when asked about whether any changes regarding care calls were discussed with people, one person's relative told us, "They do discuss changes that might affect us directly." However another person told us, "They are always putting extra calls on to my carer's time so my times get changes and they don't even let me know."

The registered manager showed us a system in place to identify the number of missed care calls. However this did not fully reflect when care visits had been cancelled due to lack of staff availability at the time required by the person. This meant that the system was not fully effective in monitoring and bringing about improvement in relation to whether the service was meeting people's needs and preferences in relation to their care visits.

People and their relatives told us they did not always know who to contact if they had questions or issues which contributed to a delay in these being responded to. Some people told us it was difficult to identify the registered manager and their designated care co-ordinator as there had been lots of staff changes and they did not know who to talk to. The managing director told us they had addressed this issue with by sending out a bulletin to people clarifying the staff structure in addition to contact details for individual members of office and senior staff. Following our feedback, the managing director confirmed that this information would be sent out to people again.

Although none of the people we spoke with could recall being asked their opinion of the service, the managing director provided us with a copy of a service feedback form which was sent to people in October 2015. They showed us an analysis of the responses which showed that most respondents felt that aspects of

the service were good or very good. The majority of negative responses were in relation to the management and in particular in relation to 'consulting over unexpected events.' The managing director showed us a copy of a comprehensive service feedback form which would be sent out this year. They told us this had been designed to try and gather more detailed information from people with a view to identifying what specific improvements were required.

The provider complied with the condition of their registration to have a registered manager in post to manage the service. Staff told us they felt confident to raise issues with the management team. One staff member told us, "We get plenty of opportunity to report things. Everyone is very approachable." Another staff member told us, "I had an issue when I first started. It was dealt with well. Management are very approachable. We are asked; How can we improve? And given options and information."

At our last inspection, we asked the provider to take action to ensure we received notifications of events as required. The provider is legally required to notify us without delay of certain events that take place whilst a service is being provided. We identified they had not been doing this which was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection, we checked the records we held on Percurra and found that we had received notifications from the service when required.

We saw that the values and behaviours of staff were monitored by the management team by senior staff carrying out spot checks which included checks on the staff member's interaction with the person they were supporting. Records showed that improvements identified during audits were communicated to the staff team. For example an audit of a person's daily records had identified that repositioning records were not always being completed correctly, so all care workers were contacted and a team meeting arranged to discuss this.

Improvements had been made to the quality monitoring of the service. Records showed that people's daily journals and MAR charts had been audited in a timely manner and action plans had been developed when issues had been identified. For example, a review of one person's daily journals had identified that staff were not always correctly recording times. Records showed that this issue appeared to have been rectified since the review. We found that a sample of people's MAR charts had been reviewed each month. Action had been taken when issues had been identified such as gaps in the MAR charts. We saw that the importance of completing MAR charts had been discussed with care workers and the records accessed suggested that the quality of record keeping had improved over recent months. We spoke to a care manager who told us of their plans to complete a monthly audit which pulled information together from the reviews to identity any trends and any action required, such as further training.