

Pennine Care Group Limited

Pennine Homecare

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Pennine Homecare is a domiciliary care service providing personal care for children 13-18 years, children 4-12 years, people living with a dementia, people living with a learning disability or autistic spectrum disorder, mental health, older people, people who misuse drugs and alcohol, physical disability and younger adults; in their own homes. At the time of the inspection, they were supporting 10 people with personal care. Not everyone who used the service received personal care. This is help with tasks related to personal hygiene and eating. CQC only inspects where people receive personal care.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support: Model of Care and setting that maximises people's choice, control and independence

Medicines were being managed safely, individual and environmental risk assessments had been completed. Systems had been developed to ensure allegations of abuse and incidents and accidents were managed.

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; the policies and systems in the service supported this practice. People had agreed to care and support and consent had been recorded. People's communication needs were met. Activities were provided when this was part of their care plan.

Right Care: Care is person-centred and promotes people's dignity, privacy and human rights

We have made a recommendation about recording that risks had been assessed in relation to staff recruitment. Sufficient staff were in place. People received good care and their individual needs were supported. Staff had undertaken relevant training to support people's individual care needs. Information about advocacy services was available to support people with important decisions. Relevant professionals were involved. Assessments of people's needs had been undertaken.

Care records contained information to support the delivery of care to people, the registered manager immediately reviewed and up dated 1 person's care plan to ensure it reflected their current needs.

Right Culture: The ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives.

We made a recommendation in relation to ensuring notifications are submitted in a timely manner. People were confident in the knowledge and skills of the staff team. A system to deal with complaints was in place. Feedback was requested by the service. Staff were engaged and involved. We received very positive feedback about the registered manager and the management of the service.

Audits were being undertaken and the registered manager provided a copy of a recently completed staff file audit.

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

The last rating for this service was requires improvement (published 25 September 2019) and we identified breaches of regulations.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

The overall rating for the service has changed from requires improvement to good, based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Pennine Homecare on our website at www.cqc.org.uk.

Recommendations

We made recommendations in relation to submitting notifications and staff recruitment.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Pennine Homecare

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 Health and Social Care Act 2008.

Inspection team

One inspector undertook the inspection.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

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.

What we did before the inspection

Prior to the inspection we checked the information we held about the service and sought feedback from professionals. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 1 person and 3 relatives and we asked for feedback from 2 professionals. We contacted all of the staff for feedback via email and over the telephone. We received feedback from 8 care support staff, the operations manager and the register manager who was also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We looked at a range of records. These included, 2 care records and associated documentation. We also reviewed 3 staff files, the training records as well as records relating to the operation and oversight of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm

Staffing and recruitment

At our last inspection the provider had failed to ensure processes were robust enough to demonstrate recruitment of staff was safely managed. This was a breach of Regulation 19, Fit and proper persons employed of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- Staffing numbers were sufficient and staff had mostly been recruited safely.
- We identified some gaps in employment history for 2 staff. The registered manager was able to provide assurances that these staff were suitable for their role. They took immediate action to ensure records included details of their recruitment and risk assessments that confirmed the staff were suitable for their post.

We recommend the provider consider current guidance on ensuring records included information and risk assessments that confirmed gaps in employment had been considered, and take action to update their practice accordingly.

- Disclosure and barring service (DBS) checks had been undertaken prior to staff commencing employment. The Disclosure and Barring Service helps employers make safer recruitment decisions.
- People told us there was sufficient staff to undertake their care and a regular staff team completed their visits. One person said, "I have the same staff. I always know who is coming, they never miss. (Sometimes) they can be later but they let me know, they are reliable."
- Staff told us there was enough staff to ensure people received their care according to their needs. One said, "There is enough staff to cover all people and even when cover is required in unexpected circumstances."
- Duty rotas had been developed which included the visits for people and the staff undertaking them.

Systems and processes to safeguard people from the risk of abuse;

- People were protected from the risks of abuse. People and relatives told us people felt safe. One said, "[Person] knows them and is happy and [person] is safe."
- Training records confirmed safeguarding training had been undertaken. Staff knew what to do if abuse was suspected. Comments included, "I would tell someone, I trust the manager" and "If I had concerns I would report them to my manager. If I had concerns regarding the manager I would ring the local authority safeguarding line."

- Policies and guidance, which included the local authority guidance was available to support staff in reporting allegations of abuse. Records confirmed previous allegations had been investigated. These included the actions taken which supported lessons learned. The registered manager told us there was no current safeguarding investigations.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's health and safety were assessed and managed. Lessons were learned. Care records included a range of individual risk assessments according to the persons need's. Environmental risk assessments and checks had been undertaken.
- A system was in place to record accidents and incidents. Records we reviewed confirmed the details of the incident, actions taken and lessons learned. The registered manager discussed the actions taken where incidents had occurred.

Using medicines safely

- Medicines were managed safely.
- No one raised concerns about the management of their medicines. Staff had undertaken medicines training and competency checks.
- Medicines administration records had been completed. Medicines audits had been completed to ensure medicines had been administered in line with guidance and their care needs.
- Medicines policies and guidance were in place for staff to follow.

Preventing and controlling infection

- People were protected from infection risks. Staff had undertaken relevant training and policies and guidance were available to support the management of infection risks.
- Infection control risk assessments had been completed and PPE was available for the staff team to use as part of their working day.

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.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Assessments of people's needs had been undertaken. People and relatives confirmed they had been involved in assessments and reviews. Care records included assessments completed by the local authority.

Staff support: induction, training, skills and experience

- People were supported by a skilled staff team. People and relatives told us they were confident in the skills of the staff. Comments included, "They know what they are doing. They have the skills to look after me well" and "They are good with care. They know what they are doing."
- Staff told us they had undertaken relevant training. They said, "I have had face to face training. This included safeguarding, mental health, medication, first aid, moving and handling including use of hoist, online training, care certificate, infection control. During COVID, courses were done online such as food hygiene etc" and "Up to date with training they (Provider) send prompts to make sure we do it."
- Staff files and training records confirmed a range of training was provided to support the delivery of care to people. The office had equipment and information to support face to face training for staff for example, moving and handling equipment. Regular supervision and spot checks were completed to support the monitoring of care delivery to people.

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

- People were provided with support to ensure their individual health care needs were being met. A relative told us staff contacted professionals for reviews where required. Good relationships were noted between the service and professionals. Care records confirmed the involvement of professionals. This would support individualised care provided to people.

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 MCA 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.

- Consent was obtained in line with MCA 2005. The registered manager told us no one was subject to DoLS or Court of protection and no one required a referral to the assessing authority. People and relatives told us staff asked permission before providing care and support. One said, "[Person] has agreed to care."
- Staff had undertaken relevant training to guide them about protecting people from unlawful restrictions.
- Care records confirmed consent had been discussed and agreed with people. Policy and guidance was in place to ensure capacity was assessed and DoLS or Court of protection applications undertaken if required.

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

- People were supported with their nutritional needs where this was part of their plans of care. Care records mostly contained information about their nutritional needs. The registered manager took immediate action to ensure 1 person's individual needs in relation to food and nutrition was reflected in their care plan.
- People told us, and care records confirmed support with shopping tasks for meals was provided where this was part of their care plan.

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.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence; Ensuring people are well treated and supported; respecting equality and diversity

- People's privacy and dignity was respected, and they were supported to be independent. People were involved in decisions about their care. A staff member described the importance of ensuring they, "Remain professional at all times, be aware of their [people's] feelings when providing personal care and consider how I would feel in their place when performing tasks."
- People and relatives were very happy about the care they received. Comments included, "I am getting good care. I am very happy, really settled with this company" and "Happy with the care, everything is fine." People were treated with respect and staff asked permission before undertaking any activity.
- Care records included information about people's individual needs and supporting them in the delivery of care.
- Information relating to advocacy services and how to access them was available to support and guide people. Advocacy seeks to ensure people are able to have their voice heard on issues that are important to them.
- A range of policies and guidance was available to support staff in providing care to people. Staff training records confirmed they had completed relevant training to support the delivery of care.
- Staff told us people received individualised, good care. Comments included, "We work according to the care plan and ask the client (People who used the service) what they would like to ensure they remain as independent as possible," "The care is good, we look at the individual and support them to live better and more fulfilled lives" and "The care quality is great and we are always encouraged to provide a great quality of care."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Assessments of people's needs were in place. People and relatives told us they had been involved in the development of their care plans and that they had agreed to them. One said, "They [person] have a care plan. They [The service] go through their care needs" and "[Person] has a care plan in the house. We have gone through it with them. Things haven't changed for a while."
- Staff understood the importance of care records in ensuring people received good care. They told us, "Care plans are the framework we use to highlight the wishes and needs of the client, our work is then to meet the objectives noted in the care plans. They are reviewed annually or if there has been a major change in the client's needs" and "We work according to the care plan."
- Care records were in place for people and these were reviewed regularly. The registered manager took immediate action to ensure 1 person's record fully reflected their individual needs. Daily records confirmed the care provided to people as well as activities undertaken.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Records included information about people's communication needs. Where people required alternative ways of communicating with them such as for language barriers, the registered manager told us they paired staff who had knowledge and understanding of their language to support communication. A relative told us staff understood nonverbal cues to support the care needs for their family member.

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

- People were supported to avoid social isolation. People and relatives told us staff supported people to access the community when it was part of their care plan. One said, "We do activities a couple of times a week. We go shopping, go on the bus. They help me to be able to do what I want." The registered manager told us they would discuss with 1 person how they would support them accessing activities in the community.
- Care records contained information about people's likes and interests and how to support them.

Improving care quality in response to complaints or concerns

- Complaints were acted upon. People and relatives told us they were happy with the care and knew what to do if they had concerns. Comments included, "I have no complaints. I would report to the [registered manager] if I had any concerns" and "Good relationship with [registered manager]. I feel I could go to him with any concerns."
- Staff knew what to do if a concern was raised with them. They said, "We acknowledge the complaint straightaway and inform senior management. We aim to respond in a quick manner to ensure our clients and staff know that it is important they are listened to. We will work to resolve any issues they face" and "I speak to management and outline any issues with them via text, call or in person."
- There was a complaints policy in place and records seen in relation to complaints. These included the details of the concern, the outcomes and the actions taken.

End of life care and support

- No one using the service was in receipt of end of life care at the time of the inspection. Care records detailed where 'do not attempt cardiopulmonary resuscitation' (DNACPR) directions were in place for people.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Managers and staff were clear about their roles and understood quality performance. No statutory notifications had been submitted to the Care Quality Commission. We saw evidence of an event which required a notification to be submitted. The registered manager took immediate action to ensure we were informed in line with our regulatory requirements.

We recommend the provider seeks guidance on ensuring notifications are submitted in a timely manner.

- There was evidence of completed, detailed care plan audits, with actions recorded. The registered manager provided evidence of completed audits on staff files following our site visit.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and staff were engaged and involved. Surveys had been undertaken, however these were from some time ago. A new survey was sent out on the day of the inspection. The registered manager told us they had an open-door policy and was available to discuss people's views at all times.
- Staff told us team meetings had taken place and their views were sought. We saw evidence of minutes from team meetings, but these were from some time ago. The registered manager told us team meetings had not been held recently but all staff were regularly updated on a one-to-one basis, via emails and messaging. We saw evidence of information shared with the staff team. The registered manager provided assurances that formal team meetings would be recommenced without delay.

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

- A person-centred and open culture which supported good outcomes for people had been developed. The service acted when things went wrong.
- People and relatives were positive about the management. Comments included, "[Registered manager] is a good manager I have no issues" and "I have a good relationship with [Registered manager]. I feel could go to him with any concerns."
- Staff told us, "The management is great. They are always on hand for any issues whether they are to do with work or personal," "He is approachable and responds quickly to any issues. The [Registered] manager

and staff provide excellent support" and "I have a great relationship with both management and carers, we all support each other. Clients warm to management because they are informal but professional in their approach."

- All members of the team were very supporting of the inspection and information was provided by them. The registered manager understood their roles and responsibilities and acted when things went wrong.
- Certificates of registration and the employer's liability insurance certificate was on display in the office.

Continuous learning and improving care

- Continuous learning and improving care was evident. A range of up-to-date policies and procedures were in place. Information and guidance was available for the staff team. All staff were provided with a staff handbook with a range of information to support and guide them. Information leaflets and a service user guide had been developed for people and relatives.
- The registered manager told us they looked for themes and changes in staff performance and care delivery. For example, they identified further support for the staff may be required during some periods of the year.

Working in partnership with others

- The service worked in partnership with others. There was evidence of partnership working with professionals involved in people's care. Care records contained local authority assessments which guided the care people required.