Pegail Ltd

Pegail Ltd

Inspection report

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Date of inspection visit:
07 March 2019
08 March 2019
11 March 2019
12 March 2019

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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

About the service: Pegail Ltd is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults, including people living with dementia, and younger disabled adults. The service was supporting 11 people with personal care at the time of the inspection.

Not everyone using Pegail Ltd receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

People's experience of using this service:
●The provider had not ensured that we were notified of all safeguarding incidents, which they are required by law to do.
●The provider had not ensured that references, to evidence good character, were sought and received before staff begin working at the service.
●We have made recommendation that the provider reviews their quality assurance processes to ensure they support evaluation and oversight of the service provided
●People told us they felt safe with staff and the service. One person said, "I am quite happy with it, no complaints really." Staff had training in safeguarding and understood how to report concerns.
●People told us their care visits were usually on time. One person said, "It all works reasonably well."
●People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
●When things went wrong, the registered manager and staff had learnt lessons and made changes.
●People's needs were assessed before they started using the service. People's needs and support were regularly reviewed.
●Risks to people were considered and planned for. When staff needed to use equipment to support people this was clearly planned for.
●People's opinions on the service provided were asked for and acted on.
●Staff understood their roles and responsibilities. They were supported with regular supervision and spot checks during care visits.

Rating at last inspection: The service registered with the Care Quality Commission on 12 February 2018 and this is their first inspection.

Why we inspected: This was a planned comprehensive inspection, following the registration of the location.

Enforcement: There were two breaches of regulation. One was a breach of the Care Quality Commission (Registration) Regulations 2009 and the other a breach of Health and Social Care Act (Regulated Activities) Regulations 2014. Please see the 'action we have told the provider to take' section towards the end of the

report.

Follow up: We will continue to monitor the intelligence we receive about this home and plan to inspect in line with our re-inspection schedule for those services rated Requires Improvement.

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

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 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 not always well-led Details are in our Well-Led findings below.	**Requires Improvement**

Pegail Ltd

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
The inspection was completed by one inspector.

Service and service type:
Pegail Ltd is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults, including people living with dementia, and younger disabled adults. The service was supporting 11 people with personal care at the time of the inspection.

Not everyone using Pegail Ltd receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

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

Notice of inspection:
We gave the service three days' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 8 March 2019 and ended on 12 March 2019. We visited the office location on 8 and 12 March 2019 to see the manager and office staff; and to review care records and policies and procedures.

What we did:
Before the inspection:
• We used information the provider sent us in the Provider Information Return. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.
• We looked at information we held about the service including notifications they had made to us about important events.
• We reviewed all other information sent to us from other stakeholders.
• We spoke to two health and social care professionals.

During the inspection:
• We spoke to four people receiving support, the registered manager, the care coordinator and three staff.
• We looked at four care records, four staff recruitment files, records of accidents, incidents and complaints and other records relating to the running of the service.

Requires Improvement

Is the service safe?

Our findings

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

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. Regulations may or may not have been met.

Staffing and recruitment

- Safe recruitment practices had not always been followed.
- References from previous employers or about people's characters had not always been received by the registered manager before staff began working. Two of the staff whose recruitment files we reviewed did not have any references. One person had been recently appointed, and the other had been working at the service for a few months.
- The registered manager told us they had made requests to referees, but responses had not been received. Records did not evidence any follow up to these requests.

The provider did not have robust recruitment processes in place. This was a breach of Regulation 19 Fit and proper persons employed of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Criminal record checks through the Disclosure and Barring Service (DBS) and proof of identity checks had been completed before staff began working.
- We could see from rotas and records of care visits that there were sufficient staff available to meet people's needs.
- Staff used an electronic system to record their attendance at care visits. The system required staff to log into it using tags and codes within the person's home, meaning that this could not be done unless there were at the person's home.
- The system alerted management staff if a person's care visit was late or missed.
- The registered manager explained that staff were still getting used to the system and the need to log in at the beginning of the visit.
- We saw that not all care visits had been accurately recorded using this system. When this had happened the care coordinator contacted staff to confirm the care visit had taken place and recorded this and any notes about the visit.
- People told us that their care visits were usually on time. One person said, "Sometimes they're in a bit of a hurry, very occasionally."
- A member of staff said, "Most of the time we're on time. If a delay happens, we explain someone was unwell and they understand."
- Care visits were planned on a rota system. This accounted for the time needed to travel between visits.
- The registered manager explained that when people had things on, such as attending a football match, care visits would be arranged around it.

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

● People told us they felt safe. One person said, "They do everything they're supposed to." Another person told us, "Staff try and be nice and polite."
●Systems and process were in place to protect people from the risk of abuse.
●Staff knew how to report any safeguarding concerns. We saw that safeguarding concerns had regularly been raised by staff with the local authority.
●Staff had training in safeguarding adults and children.
●Staff told us about how they were working with the local authority to protect one person from the risk of continued abuse.
●There had been concerns raised by the local authority about the provision of safe care. The registered manager had made changes following these concerns. For example, the electronic system used by staff meant that they could only enter information and log a care visit when they were within the person's home.

Assessing risk, safety monitoring and management

●Risks to people were identified and assessed.
●For example, when people needed staff support to move from place to place, the number of staff and equipment need to do this safely, was assessed and planned for.
●Risks posed by the environment were assessed. For example, the space available to provide care in and any equipment.
● We had received information that there may be concerns about the moving and handling of people. However, we found that when people used equipment such as hoists, the risks around their use were considered. One person told us, "They hoist me very well."

Using medicines safely

●Not many people were supported with the medicines. However, when medicines were support by staff they were managed safely.
●When staff gave people medicines, they recorded this on the electronic system.
●Where people were prescribed medicines 'as required', this was reflected on the electronic system. There were not written protocols but people knew the medicines they were prescribed and could request them. For example, one person was prescribed a medicine to support their digestive system. They would request this as needed.
●Staff had training on how to give people their medicines. Their competency to do so was then assessed by the management team who observed staff support people with their medicines.
●One person received their medicines through a gastric tube. There was clear guidance for staff about the order and volume of medicines and liquids to give the person. The care coordinator explained they had worked with the person's GP to ensure the instructions on the person's prescription were accurate.

Preventing and controlling infection

●Risks around the prevention of control of infection were well managed. Staff had training in infection prevention and control.
●Staff used personal protective equipment such as gloves and aprons.
●One person said, "They won't do nothing without their gloves."

Good

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

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

- People's needs were assessed and planned for.
- People's needs were assessed before they began using the service. This assessment included information on people's life history, health conditions and people involved in their lives.
- One person told us, "They came to see me in the nursing home and discussed what I wanted."
- Another person told us, "[Registered manager] interviewed me, what things I needed and things like that."
- People's mobility and the support and equipment required was assessed.

Staff support: induction, training, skills and experience

- People told us staff had the right skills to support them.
- Staff new to the service were supported with an induction. This included looking at the processes, training in the office and working with an experienced carer for a week. One member of staff said, "I feel the induction gave me the confidence and information I needed."
- Some staff had been supported to undertake the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff were supported with training in subjects such as dementia awareness, equality, diversity and inclusion, effective communication and moving and handling of people.

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

- People were supported to eat and drink as needed.
- People's preferences were recorded, when they were supported with eating and drinking or the preparation of food and drinks. For example, one person preferred to drink using a straw. Staff ensured that the person had a straw to drink with.
- Specific needs around eating and drinking were considered and supported. For example, one person required a thickener to get their drinks to a certain consistency. Staff knew this.
- Another person received their nutrition through a gastric tube. This is a tube which connects directly to a person's stomach.
- Staff had training from specialist nurses in how to support a person with a gastric tube.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other

agencies to provide consistent, effective, timely care

●People were supported to access healthcare as needed.
●Staff understood when they may need to contact a person's GP or the district nurses.
●When people had complex health conditions, information about these was recorded for staff.
●For example, records for one person who had a gastric tube included pictorial guidance for staff to be able to recognise if something was wrong.

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.
●We checked whether the service was working within the principles of the MCA. People's capacity to make decisions was considered, as necessary. No one receiving support from the service at the time of the inspection was considered to lack capacity for any particular decisions.
● People had been able to contribute to and make decisions about their care. Staff understood the need to offer people choices and involve them in decisions about their support. One member of staff said, "I go in and talk to the clients."

Good

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

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 that staff were caring. One person said, "They always ask how you are and see if they can help you in anyway."
●Another person said, "They won't go until everything is finished."
●Staff told us about people and how they listen to them. One member of staff said, "I go and talk to the person. If they are grumpy I might dance and sing." They spoke about how they might try to make someone happy.
●People's care plans included detail about their life history and what was important to them. For example, one person was involved with the Salvation Army. Staff understood that this was important to the person, and spoke to them about it.

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

●People were supported to express their views.
●People told us staff supported them in the way they wanted to be supported. One person said, "They know the order of things."
●People told us that the management team contacted them regularly to discuss their care.

Respecting and promoting people's privacy, dignity and independence

●People's privacy and dignity was respected.
●Staff understood how to protect people's privacy and dignity. For example, when supporting them with washing. A member of staff said, "I cover them up with a towel, make sure they feel comfortable. Make sure the door is shut."
●People's independence was promoted. One person explained that staff encouraged them to do, "as much as I can." For example, one person had been supported by two care staff. Their ability to manage certain tasks had increased. They were now supported by one member of staff, due to the increase in their independence.
●Staff were aware of protecting people's confidentiality.
●The electronic system used to record care visits protected people's information. Staff had to sign into the application separately and the application automatically logged out, when not in use. This meant that it could not be accessed by other people.
●One person told us, "They write notes on the phone, I think it's more private and confidential."

●A member of staff said, "Its helps the information to be confidential. It's better than being in a folder, as it could go missing."

Good

Is the service responsive?

Our findings

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

People's needs were not always met. Regulations may or may not have been met.

Improving care quality in response to complaints or concerns

●Complaints were listened and responded to. For example, one person had complained about the timing of their calls. The registered manager had visited the person to discuss this, which had resolved the issue for a short period.
●The registered manager told us they had not treated the issue as complaint at that stage, only later when there were issues between the person and staff.
●Complaints information was available to people. Information on how to complain was within the care files kept at people's homes.
●People told us they knew how to complain. One person said, "I can ring up and have a go."
●Another person said, "[Care coordinator] is very good if you go to her with a problem."

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

●People were involved in the planning and reviewing of their care. One person said, "They've called me and spoken about how things were going."
●What was important to each person was considered and shared with staff within people's care plans. For example, for one person it was important that their glasses were clean and close by.
●Care plans included detail on what people expected from each care visit and included information on any long-standing conditions people had. Various areas of people's lives were considered such as personal care, housekeeping and social support.
●Staff recorded notes from care visits onto an electronic system. Notes on this system varied, some included detail on support provided, how the person was and other relevant information.
●Staff understood the Accessible Information Standard (AIS). From 1 August 2016, all providers of NHS care and publicly-funded adult social care must follow the AIS in full, in line with section 250 of the Health and Social Care Act 2012. Services must identify, record, flag, share and meet people's information and communication needs.
●People's communication needs were assessed and planned for. For example, one person had a pictorial communication book with words in two languages to assist their communication with staff.

End of life care and support

●End of life care plans had been considered for people. Information about people's resuscitation wishes was available in people's care files in their homes, as relevant.
●The registered manager had recognised, through surveys of people's views, that some people needed

further support about their last wishes. They had arranged training about palliative care for the staff team.
●Staff were not providing care to people at the end of their lives at the time of the inspection.

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Requires Improvement

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

●The provider had not ensured the correct notification of all incidents notifiable to us. Providers are required to notify us of any incident of abuse or allegation of abuse in relation to a service user. This enables us to monitor types and numbers of allegations of abuse at the location, and take appropriate action as needed. Staff had raised 10 incidents with the local authority as safeguarding, regarding alleged abuse. However, we had not been notified of these. The registered manager was aware of their responsibility to notify us, but had not ensured this had been done.

The provider had not ensured that we were notified of all safeguarding incidents.This was a breach of Regulation 18 Notification of Other Incidents of the Care Quality Commission (Registration) Regulations 2009.

●Staff told us they were pleased to work for the service. One member of staff said, "Great company, help you a lot. If there are any problems, there is someone to speak to."
●The registered manager understood their responsibilities under duty of candour. This is the need to be open and honest with people when something goes wrong.

Continuous learning and improving care; Working in partnership with others

●The oversight of the service was not sufficiently robust to identify and resolve all areas of concern found during the inspection.
●There was no system to check the staff files. The registered manager had failed to identify that two members of staff did not have references.
●There was no system to check the process and records of complaints. When people had complained, the records kept were not clear about the actions taken to resolve the complaint.
●There was no system to check the quality of notes entered into the electronic system. The notes often did not include much detail. This was an area the registered manager had recognised was in need of improvement and they were supporting staff with training.
●We recommend the registered manager reviews their quality assurance processes to ensure they support evaluation and oversight of the service provided.
●Health and social care professionals who we spoke to had mixed views of the service provided, relating to a previous safeguarding concern. One social care professional told us about concerns they had investigated

about inadequate care. They found that staff had not met a person's needs and that care visits had been missed or not completed correctly. However, since some management changes they told us, "Going forward, there is new management in place who have appeared to go above and beyond with the client. Working out the best approach to take with the client and training their staff appropriately. Increased care calls as outlined in their new plan are now in place and I am impressed with the way they have 'turned it around'."

●The system used for staff to record care visits supported on the spot checking by the management team for quality assurance. The system meant that the management team could see if care visits had been attended. If any care visits were delayed or any part of the visit had not been completed, the system would alert the management team.

●The management team regularly spot-checked care visits, looking at the staff's approach to people and skills. A member of staff told us, "They tell you what you did well."

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

●A care coordinator managed the day to day running of the service. This included planning to rotas for people and staff, and conducting reviews of people's care.

●The registered manager explained that information could be shared with staff using the electronic system. When new information was sent through the system, this required staff to read and acknowledge it.

●Staff understood their roles and responsibilities and felt well supported by the management team. A member of staff said, "We're well supported in this company."

●The management team was available to support staff when needed. A member of staff told us, "I can speak to [care coordinator] with any problems. Failing that [registered manager] will answer the phone 24/7."

●Policies and procedures were available to staff through an application on their phones. This meant that staff could refer to the information whenever they needed to.

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

●People, relatives and staff's views had been surveyed and this had led to action to improve the service.

●For example, one person had commented about cleanliness. This had been discussed with staff supporting the person.

●The registered manager had identified that people could be further supported with their independence, so had arranged a discussion with staff to help identify ways to achieve this.

●Staff had regular meetings to discuss the service and any developments. These included training and changes in systems.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The provider had not ensured that we were notified of all safeguarding incidents.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider did not have robust recruitment processes in place.