

Pendrea Homecare

Pendrea Home Care

Inspection report

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Ratings

Overall rating for this service

Good 

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?

Good 

Overall summary

The inspection took place on 16 and 23 December 2015 and was announced. The provider was given notice because the location was a domiciliary care agency (DCA) and we needed to be sure that someone would be in. We also gave notice to enable the agency to arrange home visits with people's consent.

Pendrea Home Care is a DCA providing personal care and support to people living in their own home. On the day of the inspection 65 people were being supported by Pendrea Home Care with their personal care needs.

The service had a registered manager in post. 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.

People had risk assessments in place. However, some did not include sufficient information for staff about how to minimise risks. The registered manager told us this detail would be added as soon as possible.

The service had a recruitment policy in place but checks on new staff were not always thorough or completed before people started work. The registered manager told us they would improve the system immediately.

Summary of findings

People spoke highly about the care and support they received, one person said, "They're all absolutely lovely. I can't fault them." Care records were personalised and staff responded quickly to people's change in needs. People or, where appropriate, those who mattered to them, were involved in regularly reviewing their needs and how they would like to be supported. People's preferences were identified and respected.

Staff showed a kind and compassionate attitude towards people. Strong relationships had been developed and practice was person focused and not task led. Staff had an appreciation of how to respect people's individual needs around their privacy and dignity.

All staff had undertaken training on safeguarding vulnerable adults from abuse, they displayed good knowledge on how to report any concerns and described what action they would take to protect people against harm. Staff told us they felt confident any incidents or allegations would be fully investigated.

People had their medicines managed safely. People were supported to maintain good health and staff supported them to contact relevant professionals, such as a GP or a district nurse, if required.

People were supported by staff who confidently made use of their knowledge of the Mental Capacity Act (2005), to make sure people were involved in decisions about their care and their human and legal rights were respected.

Staff received an induction programme which included shadowing experience. On-going training was provided to ensure staff's skills and knowledge were up to date. A staff member told us, "If there's something I don't know, there is always someone in the office who will provide training or just talk you through how to do something."

The service had a policy and procedure in place for dealing with any concerns or complaints. Complaints had been recorded and responded to in line with the policy.

Staff described the management as supportive and approachable. Staff talked positively about their jobs. Comments included, "The work is very rewarding. When one person says, 'Thank you for all you've done.' it makes it all worthwhile,"

There were quality assurance systems in place. Incidents were appropriately recorded and analysed. Learning from incidents and concerns raised was used to help drive improvements and ensure positive progress was made in the delivery of care and support provided by the service.

Summary of findings

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.

Safe recruitment practices were not always followed. However, action was being taken to address this.

Risk assessments did not always include detail about how to minimise certain risks. However, action was being taken to address this.

People were supported by staff who had a good understanding of how to recognise and report any signs of abuse, and the service acted appropriately to protect people.

People were supported by staff who managed medicines consistently and safely.

Requires improvement



Is the service effective?

The service was effective.

People received care and support that met their needs and reflected their individual choices and preferences.

People were supported by staff who had received training in the Mental Capacity Act (2005). Staff displayed a good understanding of the requirements of the act, which had been followed in practice.

People were supported to stay healthy by staff who referred them to appropriate professionals if their needs changed.

Good



Is the service caring?

The service was caring.

People were supported by staff that promoted independence, respected their dignity and maintained their privacy.

Positive caring relationships had been formed between people and staff.

People were informed and actively involved in decisions about their care and support.

Good



Is the service responsive?

The service was responsive.

Care records were personalised and so met people's individual needs. Staff knew how people wanted to be supported.

People were supported to have as much control and independence as possible.

Good



Summary of findings

The service had a policy and procedure in place for dealing with any concerns or complaints. Complaints were responded to and learning used to improve quality.

Is the service well-led?

The service was well-led.

There was an open culture. The management team were approachable and defined by a clear structure.

Staff were motivated and inspired to develop and provide quality care.

There were systems in place to monitor the quality and safety of the service. The registered manager took immediate action where areas for improvement were identified.

Good



Pendrea Home Care

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.

The inspection was undertaken by one inspector and took place on 16 and 23 December 2015. The provider was given 48 hours notice because the location was a domiciliary care agency and we needed to be sure that someone would be in. We also gave notice to enable the agency to arrange home visits with people's consent.

We reviewed information we held about the service. This included any notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with the registered manager and three members of staff and met and spoke with four people who received care. We also spoke with eight people who received support with their personal care needs, three relatives and three health and social care professionals by phone.

We looked at five records related to people's individual care needs. This included support plans, risk assessments and daily monitoring records. We also looked at four staff recruitment files and records associated with the management of the service, including quality audits.

Is the service safe?

Our findings

Recruitment practices were in place. However, checks undertaken to help ensure the right staff were employed to keep people safe were not always thorough or complete before staff started work. For example, staff files did not all hold a record of staff's complete career history. In addition to this, one staff member had been allowed to start work despite the disclosure and barring service (DBS) requiring further information about them. The registered manager told us they would ensure these concerns were resolved immediately. Other staff confirmed their DBS checks had been returned before they supported people.

People had risk assessments in place which recorded concerns, however some did not provide sufficient detail about how to minimise the risk. For example, one person's risk assessment highlighted a risk relating to providing personal care, but the risk assessment did not describe actions staff should take to keep the person safe regarding this. The registered manager told us they would ensure risk assessments included more detail. Risk assessments were reviewed monthly to ensure they remained up to date.

Environmental risk assessments were completed which included details of actions to take if there was a problem with the gas, electricity or water at a person's house. The registered manager had consulted with the local fire service to ensure the information was correct. Personal evacuation plans had also been developed for each person to keep them safe if staff had to support them to leave their home in an emergency.

People told us they felt safe when staff were provided support to them. Comments included, "Do I feel safe? Oh, yes." and "They're here when I dress and shower and it makes me feel safer knowing they're here."

People told us staff always attended when they were meant to and they were nearly always supported by the same staff. One person explained, "It's the same people and they

do provide care in the same way." The registered manager recognised the importance of consistency for people receiving the service and a social care professional confirmed, "I know they try to keep to a minimum the amount of staff each person sees." People were supported by sufficient numbers of staff to keep them safe. For example, where people required support from two members of staff to keep them safe, people and staff reported two members of staff always attended.

Staff were knowledgeable about people who had behaviour that may challenge others. Staff sought to understand the cause of behaviour that distressed people and explained how it was important to be calm and patient. Incidents were recorded and analysed to improve how people's needs were met. Relevant professionals were informed and outcomes were recorded. It was common practice to note and share positive actions amongst staff. One staff member explained, "We ask each other's advice and share information and ideas to help us support people better."

People were supported by staff who had received training in safeguarding and could recognise signs of potential abuse. Staff confirmed reported signs of suspected abuse were taken seriously, investigated thoroughly.

Staff were trained in, and confirmed they understood the importance of, safe administration and management of medicines. People's individual support plans described the medicines they had prescribed and the level of assistance required from staff. Where appropriate, assessments were in place for people to record if they were safe to administer their own medicines. These were updated immediately if there were any changes. A staff member told us, "If there are any new medicines, we update the MAR and let the office know. We have a book about medicines in the office we can refer to if someone has new medication we're unfamiliar with so we know what it's for; then if we have any concerns we contact the GP or nurse."

Is the service effective?

Our findings

People felt supported by well trained staff who were knowledgeable about how to meet their needs; comments included: "They're very good," "They've got a lot of knowledge" and "They're very good carers."

Staff received an induction programme and on-going training to develop their knowledge and skills. They informed us this gave them confidence in their new role. The registered manager told us they had improved the induction training saying, "Staff need to be prepared for everything and only work alone when they feel confident and we have checked their competency through spot checks." They gave an example of a new staff member who had shadowed experienced staff for three weeks. This ensured they could competently meet the needs of the individual they were supporting before working alone. Staff confirmed they had all been asked if they felt confident in their role before working alone.

On going training was planned to support staffs' continued learning and was updated when required. Staff felt they received enough training to fulfil their role, telling us, "Our training is constantly reviewed and updated." Staff were able to request formal or informal training at any time to improve their practice. One staff member told us, "I witnessed an incident recently which made me want more in depth first aid training. I've asked for it and am sure I'll get it." Another staff member told us, "If there's something I don't know, there is always someone in the office who will provide training or just talk you through how to do something." The registered manager confirmed they had completed qualifications which enabled them to train staff. This meant it was easier to keep staff's training up to date.

Staff were supported to achieve nationally recognised qualifications. This enabled them to improve their knowledge and help provide a higher level of care to people. It also helped staff to develop a clear understanding of their specific role and responsibilities and have their achievements acknowledged. The registered manager told us "Staff are encouraged to complete qualifications up to the highest level; even if they have to

work alongside other roles to gain the right experience." Staff confirmed they had been supported by the management to increase their skills and obtain qualifications.

Supervision was carried out either in groups or 1:1. Staff confirmed they felt supervision was beneficial and provided a time for them to discuss good practice or areas of concern and receive any updates to procedures or ways of working. Comments included, "We can sort out any issues during 1:1 meetings." and "We discuss how we've been getting on, any problems or worries and our personal development."

Team meetings were held regularly to ensure key messages were communicated. Staff told us, "We find out about any changes and we can put forward suggestions too, for example if we feel someone's call times need changing." and "We discuss ways we can improve, any ideas and issues we have." The registered manager told us how they had used a recent team meeting for staff to reflect on and discuss key areas of their role, such as record keeping and safeguarding.

People, when appropriate, were assessed in line with the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. 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. Staff displayed an understanding of the requirements of the act, which had been followed in practice.

Records showed how staff either made a referral or advised people to seek relevant health or social care services when changes to health or wellbeing had been identified. Records evidenced where health and social care professionals had been contacted when people had expressed feelings of being unwell or a change in a person's needs had been noticed. For example, one member of staff rang the GP with the person's consent when they looked unwell. They told us how they informed a family member and waited for them to arrive before leaving. A relative also explained how staff passed on information for them to follow up with the appropriate professional.

Is the service caring?

Our findings

People were well cared for by staff who had a caring attitude and treated them with kindness and compassion. People commented, "They are very nice. We have a laugh and a joke," and "They are all very polite and courteous." Relatives told us, "We value them (the staff) highly." and "They're all absolutely lovely. I can't fault them."

Staff spoke in positive terms about their role and the people they supported saying, "The work is very rewarding. When one person says 'Thank you for all you've done,' it makes it all worthwhile," and "I really like my job, we've got such nice clients." Staff showed genuine concern for people's wellbeing. They told us how meeting people's needs was their priority saying, "If I need to spend an extra ten minutes with someone, I will. I couldn't just leave." and "I make sure I do everything properly. I won't rush anyone." People confirmed staff took their time and didn't rush.

People confirmed their privacy and dignity were respected. People commented, "They always knock before they come into the house." and "They shut the bathroom door and I'll call them when I need their help." Staff also described how they maintained people's privacy and dignity. For example, by closing doors and curtains when providing personal care and talking discreetly if other people were present.

Staff responded to people's needs in a caring way and promoted people's independence. People told us they were encouraged to remain as independent as possible, saying, "Staff ask if I want something doing before doing it for me." Care plans detailed creative ways staff could support people to remain independent. For example, a staff member told us, "Whilst I support one client to cook lunch, we set timers. She's quite forgetful but the timers help her know what is happening." This was recorded in the person's care plan.

Staff recognised the importance of promoting people's independence telling us, "Everyone is entitled to independence. My job is to support them, not tell them what their needs are. Everyone's different." and "I don't do everything or people would become frustrated. If a person can do something for themselves, I just make sure they're safe."

People were involved in their care and given explanations to ensure they were aware of what was happening at all times. Staff told us, "It's important to explain what you're doing or people can get confused." People confirmed, "They talk about what they're doing when they support me." A relative told us, "They explain what they're doing even though [...] probably can't understand them."

Is the service responsive?

Our findings

People were supported by staff who were responsive to their needs. People told us, "They provide me with all the support I want," "They always ask if there's anything else I want." and "I find the service very useful."

Each person had a care plan that reflected their needs, choices and preferences and gave detailed guidance to staff on how to make sure personalised care was provided. Information was also being added about people's background and history to give staff a broader understanding of the person. Staff confirmed care plans were useful and provided sufficient detail to meet people's needs, commenting, "I do read the care plans. I wouldn't know what to do otherwise!" and "It's important to be aware of people's wishes. Some people are quite particular." One staff member told us of the importance of knowing details saying, "They may only be small things but they're things that matter to the client."

People told us staff listened to how they wanted things done, saying, "I don't ask for much and they know what to do but if they don't, then I can tell them," and a relative told us, "[...] tells them what to do and they listen." One staff member recognised the importance of listening to people, commenting, "I wouldn't want someone coming into my home telling me what to do. We're there to help and support."

People also told us staff listened to changes they wanted to their care and acted on them promptly. A relative commented how quickly a request for extra support had been responded to. Staff confirmed changes were communicated to them and added to care plans so everyone remained up to date with the needs of the person. Staff also used their knowledge of people to be proactive about making changes, saying "You can tell if something isn't working for someone. I would report any concerns to the manager."

People were supported by staff who responded to their needs in a flexible way. People told us, "Sometimes I don't need them for as long but when I have a bath it takes a bit longer and they're quite happy with that." and "If something's not how I like it, I ask them to change it so it's better for me and it's never a problem." One person's needs changed regularly, so staff followed two different rota patterns depending on what support the person needed at that time. One rota provided a minimal level of support whereas the other provided more intensive support and guidelines for keeping the person safe. The manager told us, "It is often our staff who identify the person is in need of the alternative rota pattern. This is then communicated to myself and the rest of the staff so the person receives the support they need."

People were supported by staff who were skilled at supporting them to make choices. Staff described the importance of asking people for example, what they wanted to wear or what they wanted to eat before supporting them. One staff member told us, "With one client, we always look together at what there is to eat. That way I can help them choose something suitable." Another staff member told us, "One person is sometimes reluctant to have a shower but we can offer a them a wash instead. It's their choice." Staff told us with some people they used body language or facial expressions to understand what the person wanted.

The service had a policy and procedure in place for dealing with any concerns or complaints. People and those who matter to them knew who to contact if they needed to raise a concern or make a complaint. One person commented, "If I had a complaint, I'd ring the office and they would help me." Complaints received by the service had been dealt with in line with the policy.

Is the service well-led?

Our findings

The registered manager took an active role within the running of the service and had good knowledge of the staff and the people who were supported by Pendrea Home Care with their personal care needs. There were clear lines of responsibility and accountability within the management structure.

People, professionals and staff all described the management of the home to be approachable, open and supportive. One person said, "Yes, whenever I phone them, they do what I ask them to." Staff told us, "In my opinion, the management are very good. I've had a few quibbles and they've sorted them out." and "They motivate the team to provide quality. If someone's doing something wrong they'll inform them and remind the rest of the team how to do it correctly too." Staff were confident asking the advice of the registered manager or raising concerns with them. Comments included, "I can talk to [...] about any issues," and "They listen to me and act upon any concerns."

The provider sought feedback from people and those who mattered to them, and staff, in order to enhance their service. Questionnaires had been distributed that

encouraged people to be involved and raise ideas that could be implemented into practice. For example, previous feedback had raised concerns with staff timekeeping. The registered manager now used a new system which helped plan rotas and required staff to log in and out of calls so timings could be monitored. People reported that staff were now on time and called if they were going to be a bit late.

In order to maintain a focus on quality, the registered manager had recently employed extra staff. One member of staff had been employed to assist the registered manager with quality audits and responding to any concerns or complaints and another member of staff was responsible for quality audits of care plans.

There were systems in place to monitor the quality and safety of the service, such as staff supervisions, spot checks and care planning. However, we identified areas for improvement relating to quality monitoring, such as recruitment procedures and risk assessments. The registered manager and provider were receptive to and recognised systems needed to be more robust. Immediate action was being taken at the time of our inspection.