

Philip Parkinson Homecare Ltd

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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? | Requires Improvement ● |

Summary of findings

Overall summary

About the service

Philip Parkinson Homecare is a domiciliary care provider supporting people with personal care in their own homes in the Newcastle and Northumberland areas. There were 24 people using the service at the time of inspection.

Not everyone who used the service received personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

Improvements had been made to risk assessments, meaning people were safe and staff had clear instructions to support them and reduce risks.

Medicines were now managed in line with established best practice. The registered manager demonstrated an awareness of current best practice and relevant staff training was in place.

Record keeping and quality assurance processes had improved. There were new records in place to support smoother transition from other services, and new documents in place to support external medical professionals should they be needed.

The registered manager undertook regular audits of medicines records and observed practice to ensure standards were maintained. They were planning to improve audits by introducing 'themed' audits each month. We identified some areas where practice could be improved further that better auditing may have identified.

The provider demonstrated an understanding of the need to notify the commission of certain incidents. They had made such notifications prior to the inspection.

Pre-employment checks were in place and improvements had been made to ensure any gaps in employment were investigated.

People told us staff arrived on time, stayed for the duration of the planned call and did not appear rushed. People agreed that, where there were minor delays, staff always informed people in advance.

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 gave positive feedback about the bond they formed with staff and how well staff care for them.

Relatives and external professionals agreed.

The registered manager took more of a lead operational role than they had done previously and feedback regarding them was consistently positive. We received mixed feedback about the approachability of the nominated individual from external professionals. The nominated individual is also responsible for how the service is run. Both were passionate about the care their service provided to people.

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

Rating at last inspection

The last rating for this service was requires improvement (published 17 July 2018). 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. This is based on the findings at this inspection.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was 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 not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

Philip Parkinson Homecare 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The team was made up of one inspector and one 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 care service.

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

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

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 12 July 2019 and ended on 16 July 2019. We visited the office location on 15 July 2019.

What we did before the inspection

We reviewed all the information we held about the service, including changes, events or incidents that the provider is legally obliged to send us within the required timescales. We contacted professionals in local authority commissioning teams and safeguarding teams. We used all of this information to plan our

inspection.

During the inspection

We spoke with four people who used the service and nine relatives over the telephone. We spoke with five members of staff: the registered manager, the nominated individual, the client liaison officer and two care staff.

We looked at three people's care plans, risk assessments and medicines records. We reviewed staff training and recruitment documentation, quality assurance systems, a selection of the home's policies and procedures and lessons learned documentation.

After the inspection

We contacted a further three health and social care professionals.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved 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 all staff had undergone consistent and robust pre-employment checks. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 19.

- The provider had reviewed and improved the way they checked a person's previous employment. There were a range of checks in place to ensure any gaps in employment were investigated and any non-responses to requests for references were comprehensively followed up.
- Staffing levels were appropriate to the needs of people who used the service. People confirmed they knew which staff were due.

Assessing risk, safety monitoring and management

At our last inspection we recommended the provider review their risk assessment process. The provider had done so and made improvements.

- Previously the only instructions regarding how to manage and mitigate risk were those which the commissioning body produced. The registered manager had since reviewed all risk assessments, produced their own and ensured they contained improved levels of person-centred information.
- The registered manager had also improved how this information was gathered in the first place. New risk assessment documentation was in place to identify risks people might live with and then describe how best staff could minimise these risks. This meant any new member of staff would be better placed to understand how to keep people safe in line with their individualities and preferences.

Using medicines safely

- The registered manager demonstrated they had reviewed the most recent guidance from the National Institute for Health and Care Excellence about administering medicines in people's homes. They had attended external training on this topic.
- The registered manager had introduced new medicines administration which was easier to complete and easier to audit. Staff were suitably trained.

Systems and processes to safeguard people from the risk of abuse

- People trusted staff who cared for them. One person said, "I definitely feel safe. They make me feel very comfortable. The quality of the care makes me feel I am well looked after." One relative said, "They feel very safe with the carers. Despite reservations about people coming into his home, he now likes to have a chat with the carers and it adds quality to his life. He has got to know them very well."
- Staff had received appropriate safeguarding training. They demonstrated a good knowledge of the risks people could face and how they should act.
- There was a consensus of opinion that staff arrived at the time agreed the majority of the time. Where people experienced delays they confirmed these were minimal and that they were contacted by the organisation.
- Likewise people told us staff stayed for the duration of their planned call and did not appear rushed. Staff we spoke with agreed they had sufficient time to complete their work, although stated there could be delays on occasion due to, for example, traffic.

Preventing and controlling infection

- The registered manager and operations manager undertook regular spot checks of staff to ensure they had appropriate gloves and aprons with them, and that they used them as required.

Learning lessons when things go wrong

- Where the registered manager had identified areas for practice improvement they had clearly shared these with staff, either as a group or individually, where appropriate.

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 the last inspection this key question was rated as good. At this inspection this key question 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

- People's needs were assessed promptly and prior to using the service. The service accepted a high proportion of care packages where there was a need for urgent transfer from hospital to home. To support this they were trialling new paperwork which meant more information was requested from the hospital at the point of discharge.

Staff support: induction, training, skills and experience

- People were cared for and supported by staff who were suitably skilled, trained and supported.
- There was a training programme in place. Staff completed face to face and online learning. We found one instance of a member of staff not having completed necessary training. The registered manager addressed this during the inspection.
- A supervision and appraisal system was in place, following an initial induction which included shadowing experienced members of staff. Staff told us they were well supported to carry out their duties. One said, "They've been really supportive and understanding. I go along to meetings now and my career has developed."

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

- Staff were knowledgeable about people's nutritional needs and helped people to prepare meals.
- People were supported to eat and drink enough to maintain their health and wellbeing.
- Care plans included information about people's dietary requirements and their likes and dislikes.

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

- Staff supported people to access healthcare services. One relative told us, "They will call the GP or do whatever is necessary if he feels unwell and they will phone me." There was evidence of a range of timely involvement from external healthcare professionals.
- One external healthcare professional told us, "They did everything we asked them to in the plan. When I came back in two weeks to review, the person was using their walking aid really well and I was really impressed with how the care workers had supported them."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of

people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. Where people are deprived of their liberty in their own homes applications must be made directly to the Court of Protection. We checked whether the service was working within the principles of the MCA.

- Consent to care and treatment was sought in line with relevant legislation and guidance.
- People told us that staff asked for their consent before carrying out any care.
- People made their own choices whenever possible.

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.

Respecting and promoting people's privacy, dignity and independence

- People had trust in staff and felt supported by them. They were confident staff helped them maintain their independence in ways that promoted their dignity and independence. Care planning set out goals for people. These involved maintaining health and continuing to access the community through maintaining mobility.
- Staff at all levels had regard to people's dignity and the small things that made a difference in their lives. One relative said, "They are very jocular with her and they joke with her and talk to her and lift her spirits. They also do her hair and put her curlers in and that. I cannot fault them in any way whatsoever". Other relatives felt the rapport staff had built with people was a way of encouraging them to be more independent. For example, "There are three or four of the carers who have an ability to interact with him that lifts his mood, sometimes by joking. The interpersonal skills of the carers and their ability to interact with him are worthy of praise."

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

- People and relatives confirmed they felt staff did everything they could to treat them respectfully and patiently. One relative said, "They always make time to chat with him. They always seem to have time to do everything at Dad's, they always make time."
- Staff behaved in ways that supported and enabled people and meant they were not restricted by a disability. Adjustments were made to care packages to maintain people's level of independence.

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

- The registered manager ensured people could engage with the care planning process, which had been improved since our last inspection. People confirmed they were fully involved in decisions about their care. Everyone we spoke with confirmed they knew the content of their care plan. Where people had difficulties in expressing themselves, care plans set out how staff could best make themselves understood (and how best to understand the person).
- Each person had a care file and it was evident they and their relatives had contributed to reviews. 'This is Me' documentation was completed in all care files we reviewed and gave staff a good overview of people's needs and interests. Nobody using the service had an advocate. Family members were used as informal advocates and supported people to make decisions.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated good. At this inspection the key question remained good. This meant people's needs were met through good organisation and delivery.

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

- People received personalised care which was responsive to their needs. People gave examples of a provider that was flexible to their changing needs, for instance, "The local organiser comes and I discuss with her whether there are any changes to be made. Yes, I can express my views, they have respect for me."
- Care plans documented people's life histories, likes and dislikes and how they preferred their care to be provided. These were more detailed and person-centred than at our previous inspection. Reviews were carried out regularly. One relative commented, "The Operations Manager comes out to see us and I deal with the owner over the telephone. There have been adjustments to the care package to support [person] better."
- People's social needs were met where this was identified as part of their care plan. People were encouraged to continue pursuing their interests or try new things. People and relatives confirmed staff took an interest in what made them individual and not just on the completion of tasks.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place. A sample of responses demonstrated these had been considered and responded to in line with the provider's policy and procedures. All people we spoke with and their relatives knew how to complain and felt confident to do so if they needed. Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers. The registered manager was aware of, and acted in line with, the Accessible Information Standard (AIS).
- Care plans contained information about people's communication requirements. People confirmed staff communicated with them patiently.

End of life care and support

- Staff received end of life care training where required and the registered manager had completed training with Macmillan palliative care nurses.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was at times inconsistent.

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

At our last inspection the provider had failed to display their most recent CQC performance rating on their website. This was a breach of Regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 entitled, Requirement as to display of performance assessments.

At this inspection we found the provider's website was no longer in use and therefore the provider was no longer in breach of regulation 20A.

- The registered manager had engaged openly with external professionals when individual errors or incidents occurred. Their approach was described as, "Open, approachable," and, "The kind of response we would want from a manager."
- People who used the service described the management of the service in similar terms. One person said, "They are very approachable and they have sorted any problems we have raised." One relative said, "It appears to be well managed. There is obviously a clear system for safeguarding and reporting and they are very quick to act on things. I have recommended them to a friend; I described them as excellent because of the personal input."

At our last inspection the provider had failed to notify the Commission of relevant safeguarding incidents. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 entitled, Notification of other incidents.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 18.

- The nominated individual demonstrated an awareness of the type of incidents they needed to notify the commission of. They had done so prior to the inspection.

At our last inspection the provider had failed to ensure all records were accurate and that appropriate governance systems were in place. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17. We found improvements could still be made.

- The registered manager audited medicines records on a monthly basis and addressed any need for improvement. They and their senior carers completed checks of care files and risk assessments.
- The registered manager sought advice on how best to document and complete auditing in future. They were considering 'themed' audits to ensure monthly checks of completed work had a focus and did not become a meaningless exercise. They were yet to introduce these audits and we found some potential improvements in the service could have been identified already through better auditing. Audits checked for the presence of information but did not demonstrate the registered manager was analysing the quality of the information. For instance, where one type of mental capacity risk assessment form was not fit for purpose, where a small number of risk assessments could be improved, and where one person's training needed updating.

We recommend the registered manager implements a clearer audit of processes which has a stronger focus on quality.

- Since the last inspection the registered manager had taken more of an operational lead in the service than the nominated individual. External professionals felt this had brought about positive improvements to the service.
- People and their relatives confirmed staff took the time to update daily records. We reviewed a sample of these and found them to be suitably detailed and accurate. One relative told us, "The records management is quite extensive and we always read what has been written and we are able to act on it."

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

- Staff confirmed they were well supported and that the provider was a caring one. Staff gave examples of when they had experienced non work-related difficulties and the provider had been understanding.

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

- Staff understood their roles and the registered manager had ensured some duties were appropriately delegated.

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

- People who used the service gave positive feedback about the level of input they had into care planning. One person stated, "They [registered manager] are always in touch and come out regularly."
- Surveys were undertaken regularly, with the results analysed to see where there could be any improvements. Feedback was uniformly positive from people who used the service.

Continuous learning and improving care

- The registered manager had researched areas of best practice since the last inspection. This included guidance regarding medicines and skin pressure awareness. They had incorporated this information and learning into care planning and the leadership of staff.

Working in partnership with others

- Feedback regarding how the nominated individual liaised with external agencies was mixed, with some

describing them at times as defensive rather than collaborative. All confirmed they felt the nominated individual wanted the best outcomes for people who used the service. This was in line with our experience. People who used the service said, "[Nominated individual] is always at the end of the phone and very nice to speak to," and, "They always seem sound."