Penwith Care Ltd

# Penwith Care

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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

The service provides personal care to approximately 50 people who live in their own homes in the St Ives bay and Penzance areas of west Cornwall. The service also provides short term support packages for tourists visiting the area. At the time of our inspection the service employed 24 care staff.

The service was led by a registered manger. 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 told us they were happy with the care and support provided by Penwith Care. Their comments included, "I am well looked after", "[The staff] are very obliging, very willing", "Marvellous, every one of them is marvellous" and "Absolutely brilliant." People's relatives also reported that staff were, "Extremely keen and take pride in the care they provide."

There were sufficient staff available to provide all of the service's planed care visits. The registered manager had chosen to limit the growth of the service and during both days of our inspection we overheard staff declining to accept additional care packages. Office staff told us, "We have the right balance at the moment of staff and clients." The service rotas were well organised and staff had been allocated for all planned care visits during the week of our inspection. The Registered manager told us, "Rotas are done weekly and we are always a week ahead." While staff commented, "Rota wise it does seem to be going really well", "We have the app on our work phones, It works well" and "The rota is on the app, so you know exactly what visits you have."

The service operated a call monitoring system to ensure all planned care visits were provided. This system was monitored in real time by the office staff team and where necessary action was taken to avoid care visits being missed. People told us they had not experienced recent missed care visits. An incident had occurred on New Year's day as a staff member had failed to attend work. This incident had been managed appropriately and the person's care needs had been met.

We compared staff rotas with daily care records and information from the service's call monitoring system. These records showed that people normally received their visits on time and for the correct duration. People told us they normally received their visits on time and for the correct duration. People told us, "They are very good for time" and "Yes they are normally on time, the time on the rota is when they come."

Staff were provided with an appropriate induction and training to ensure they were sufficiently skilled to meet people's care needs. Staff told us, "I feel confident, I know what to do" and "The training is absolutely fine, they tell us when it is due." In addition, staff were actively encouraged to continue their professional development. On the day of our inspection five staff attended the office to sign up for diploma level training. Staff told us, "I've done my induction, moving and handling and loads of on line training, 20 odd sections I

think," "I've done a lot of training" and "I feel confident, I know what to do."

Staff told us they were well supported by the office staff team and staff had received regular supervision and spot checks. One staff member told us "[The compliance officer] did a supervision with me the other day, she came along behind me and checked the book (care plan) and spoke to the clients to check they were happy with me".

Most people's care plans were accurate and detailed. They provided staff with clear guidance on how to meet people's care and support needs. One person's care plan was missing some detailed information. This was raised with office staff and the person's care plan was reviewed ad updated during the inspection process. Staff told the care plans were up to date and accurately reflected people's needs. Staff comments included, "All the care plans are up to date" and "The care plans are fine, they have enough information. If you read them you know what you need to do."
People understood how to raise complaints about the service's performance and complaints received had been investigated and resolved appropriately.

The service was well led by the registered manager and office staff team. The operational management team had remained stable since our previous inspection. The roles and responsibilities of each member of office staff were clearly defined and systems had been introduced to document the action office had taken in response to information provided by members of care staff.

Records were well organised and the service had successfully introduced a mobile phone based application to improve information sharing between carers and office based staff. Using the application staff were able to view their individual rotas and directly report any information of concern to office based staff. Staff told us, "We have the app on our work phones, It works well", and "The app is fantastic, you know what you are supposed to do each shift."

The service's quantity assurance systems were appropriate and a survey to gather additional feedback form people who used the service was in development.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good

The service was safe. There were sufficient staff available to provide all planned care visits.

Staff understood local safeguarding procedures and the provider operated safe recruitment practices.

People's care plans included risks assessments and staff had been provided with guidance on how to protect people from identified risks.

### Is the service effective?

Good

The service was effective. New staff received an appropriate induction and the training of established staff was regularly updated.

Staff were well supported and had received regular supervision.

Staff understood the requirements of the Mental Capacity Act.

### Is the service caring?

Good

The service was caring. Staff were caring and supportive.

People's preferences and choices were respected.

Staff were provided with guidance on how to communicate effectively.

### Is the service responsive?

Good

The service was responsive. People's care plans were detailed and informative. These documents contained sufficient information to enable staff to meet people's individual care needs.

People understood the service's complaints procedures and records showed complaints had been appropriately investigated.

### Is the service well-led?

Good

The service was well led. The registered manager and office staff

team had provided appropriate leadership and support for staff.

The service's records were well organised and a mobile phone based application was used to share information effectively between care staff and the office.

Quality assurance systems had improved and questionnaire was being developed to gather additional feedback on the service performance.

# Penwith Care

**Detailed findings**

## Background to this inspection

Start this section with the following sentence:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 17 and 24 January 2017 and was unannounced. The inspection was completed by one adult social care inspector.

The service was previously inspected in May 2016 when it was found to require improvement. As a result of the findings of the May inspection the service was told to make significant improvements to it's performance. A focused follow-up inspection was subsequently completed in October 2016. This inspection found that significant improvements had been made but these improvements needed to be sustained for the service to be rated as good.  This comprehensive inspection was completed to check the previously identified improvements had been sustained and to review the overall rating of the service. Prior to the inspection we reviewed the previous inspection reports, information we held about the service and notifications we had received.  A notification is information about important events which the service is required to send us by law.

During the inspection spoke with the seven people who used the service, two relatives, seven members of care staff, the registered manager and the compliance officer. We also inspected a range of records. These included five care plans, four staff files, training records, staff duty rotas, meeting minutes and the services policies and procedures.

Good

# Is the service safe?

## Our findings

People consistently said they felt safe while receiving care and staff told us, "People are all safe." Records showed all staff had completed training in local safeguarding procedures. Staff told us, "I have done safeguarding training" and when asked were able to explain how they would respond if they had concerns about a person's safety. All staff had been provided with guidance on how to report safeguarding concerns. In addition, posters in the service's office provided local contact information and guidance on how to make a safeguarding referral. Records showed the service had made prompt and appropriate referrals when it had become concerned that one person was at risk of abuse by members of the public.

The service operated appropriate risk management systems. People's care plans included details of specific risks relevant to their support needs and staff told us assessments were regularly updated. Where areas of increased risk were identified prompt action had been taken to ensure people were protected from the identified risks. For example, when staff identified that one person's mobility had significantly declined the service had made arrangements for appropriate manual handling equipment to be provided to support the person increased needs.

There were appropriate systems and processes in place to ensure that all accidents and other incidents were fully investigated. Records showed that staff disciplinary procedures had been used to drive improvements in the service performance. Where incidents had occurred as a result of staff failures appropriate disciplinary action had been taken.

People told us they had not experience missed care visits since our last inspection and we saw that office staff now used call monitoring data in real time to ensure all planned care visits were provided each day. On New Year's Day one staff member had failed to attend work as planned. One care visits was initially missed before the issue was identified. The on call manager had spoken with the individual whose visit had been missed and offered an additional visit later in the day to ensure the person's needs were met. This offer had been declined as visiting family members had been able to provide the support required. This service's prompt action in response to the possibility of a missed visit demonstrated that the systems in place were effective in ensuring that people's care needs were met and visits were not missed.

We reviewed the service's visit schedules and staff availability information in detail. We found there were currently sufficient staff available to provide all planned care visits. The registered manager had previously identified an issue with staffing levels at weekends and had introduced a pay supplement to address this issue. This seemed to have improved both staff morale and increased staff availability for weekend shifts.

Staff told us they consistently received their rotas a week in advance and people said they were given a list each week of who was due to provide each planned care visit. Office based staff told us, "All clients have a schedule, so they know when the carer is due" and "We send the rotas on Thursday for Sunday to next Sunday."

We compared data from the service call monitoring system with both visit time recorded in daily records

and planned visit time from the service's rota. We found that care visits were normally provided on time and for the correct duration. People told us they happy that their visits were normally provided on time. People's comments in relation to visit times included, "I have a list of who is coming, I get one every week", "They have enough time it works well", "They are very good for time" and "Yes they are normally on time, the time on the rota is when they come."

Staff told us the service's rota were significantly more organised. Staff were able to access their rota using the mobile phone based 'app' that had recently been introduced. Staff told us, "We have the app on our work phones, It works well", "The rota is on the app, so you know exactly what visits you have", "Rota wise it does seem to be going really well" and "The app is fantastic, you know what you are supposed to do each shift." On both days of inspection we saw that the rota had been planned a week in advance and that all care visits had been allocated to care staff. Systems had been introduced to accurately record staff availability and limit the number of staff on leave during any particular period and this information was used effectively during the process of allocating staff to individual visits. The Registered manager told us, "Rotas are done weekly and we are always a week ahead" and "We ask staff for the availability two weeks in advance so we can plan."

During both days of our inspection we overheard office staff declining to take on additional care packages as there were not sufficient staff available to provide additional care visits. Office staff regularly monitored the service's visit schedules and had identified that the service currently only had capacity to take on one additional person in the Hayle area. They told us, "We have the right balance at the moment of staff and clients." This approach protected people from the risk of missed care visits because the service was now only willing to accept additional care packages when there was sufficient staff availability to provide the necessary additional care visits.

The service had identified that the unreliability of staff vehicles represented a source of risk of planned care visits being missed. In order to address this issue the service operated a small number of company cars that staff could access at short notice when required.

The service operated safe recruitment practices. Necessary checks, including references and Disclosure and Baring Service (DBS) checks where completed as part of the recruitment process.

The service had used staff disciplinary processes appropriately to drive improvements in staff performance. Where staff had failed to use call monitoring systems correctly they had been provided with details of their current performance and a clear explanation of the service's expectations. These actions taken during the week prior to our inspection had led to significant improvements in staff use of call monitoring systems.

Where people where supported to manage their medicine this was done by prompting or reminding people to take their medicines from blister packs prepared by a pharmacist. The support staff provided with medicines was documented in each person's daily care records.

People told us, "They use their gloves and aprons like they are supposed to." During our inspection we noted that all staff visiting the office were asked if the required additional personal protective equipment and that gloves, aprons and hand wash gel were freely available to staff when they visited the office.

Good

# Is the service effective?

## Our findings

We found that all staff completed formal induction training before they were permitted to provide care independently. As part of the induction process staff reviewed the service's policies and procedures and competed training topics including safeguarding adults, Moving and handling and safe handling of medicines. New staff then completed a number of shadow shifts where they observed more experienced colleagues providing care and support. People were asked in advance if they would be happy for new staff to observe their care as part of the induction of new staff and one person told us, "Someone was shadowing today, they asked me first was that all right." Once the new staff members felt sufficiently confident in their own skills they were then permitted to provided support to people whose care visits they had observed. Recently recruited staff told us, "I did a couple of shadow shifts" and "I've done my induction, moving and handling and loads of on line training, 20 odd sections I think." In addition, staff new to the care sector were supported to complete the care certificate during their first 12 weeks of employment. This nationally approved training is designed to ensure new staff understand current best practice in the provision of care and support.

The service had systems in place to monitor staff training needs and ensure training was refreshed and updated regularly. Records showed all staff had received regular training updates designed to ensure staff were sufficiently skilled to meet people's needs. Where staff supported people with more complex needs they had been provided with additional specialist training. For example, one person required assistance with their meals and staff who supported this individual had been provided with training on how to meet this person's nutritional needs. Staff told us, "The training is absolutely fine, they tell us when it is due", "I've done a lot of training" and "I feel confident, I know what to do."

The service actively encouraged and supported staff to continue to develop their skills. Both the registered manager and compliance officer were in the process completing their level five diploma and on the day of our inspection five staff attended the office to sign up for other diploma level training courses. The compliance officer commented, "Nearly all the staff are signed up to do their care diploma."

Staff records showed that all staff were regularly receiving formal supervision or spot checks. Staff told us they felt well supported by the office staff team and their comments included, "I due a supervision in the next few weeks" and "[The compliance officer] did a supervision with me the other day, she came along behind me and checked the book (care plan) and spoke to the clients to check they were happy with me". In addition, annual appraisals had been introduced for long standing care staff. These included a self-assessment completed by the individual staff member and a formal meeting with managers to discuss career development and future goals.

The service worked with health professionals to ensure people's care needs were met. Where care staff had reported concerns to office staff this information had been acted upon promptly. Where appropriate the service had made arrangement for additional home visits to be made by GPs, district nurses and other health and social care practitioners.

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. Staff had completed MCA training and demonstrated a good understanding of the importance of respecting people's choice and providing support to help people to make decisions. Staff told us, "You can't force people to do anything, You can't make people do things they don't want to", "I ask people every time how they would like me to do things, it is their choice" and "I try gentle encouragements and prompting but if [the person] does not want to do something [they] don't have to."

Where people required support with meal preparation their care plans included information about their preferences and normal meal time routines. This information helped new members of staff to prepare meals correctly and understand the person's normal dietary intake.

Good

# Is the service caring?

## Our findings

People told us they were happy with the care and support provided by Penwith Care. Their comments included, "I am well looked after", "[The staff] are very obliging, very willing", "Marvellous, every one of them is marvellous" and "Absolutely brilliant." One person told us, "I trust the girls, they are lovely." People's relatives were equally complimentary, they said, "Their dedication as carers is second to none, they are very, very good" and "They are extremely keen and take pride in the care they provide."

Care staff told us they enjoyed spending time with the people they supported. Carers and office staff had a good understanding of people's care needs. There was a friendly and supportive rapport between office staff and people who telephoned the office. Staff told us they enjoyed their role and commented, "I love it, I really enjoy it" and "I work with one person most of the time, I love her, she is an absolute treasure."

People told us they were involved in decision making during care visits and that staff respected their choices. One person said, "They ask me what I want done and they do it" while relatives told us, "They treat [my relative] with respect." Staff said they always checked with the person that they were happy to proceed before providing any care or support. Staff comments included, "I ask the client if they are happy and try to get feedback from the clients as I go" and "We talk through what we are going to do so [person's name] knows what is going to happen."

People told us their care staff were always willing to help and consistently checked if anything else was needed at the end of each care visit. People's comments included, "They do whatever I want them to do. They will do it without hesitating" and "They do the regular things and the routine. Then they ask is there anything else they can do to help."

Where people declined or refused planned care visits these decisions were respected by staff and appropriately documented in care records. At subsequent care visits staff again offered the previously declined support and provided additional gentle encouragement. If support was again declined this was respected and reported to office staff. Records showed that where support visits had been repeatedly declined this information had been shared with commissioners and where appropriate relatives. In these situations the service had sought appropriate guidance from the person, health professionals and relative on how best to meet the person's care needs. This demonstrated how staff respected people's decisions but also acted appropriately to ensure people's care needs were met.

People's care plans included guidance for staff on how to communicate effectively and support individuals to make choices. Staff told us this information was useful and one staff member commented, "There is information in the care plan about [Person's name] and guidance on how to understand [them]."

People told us they were normally supported by staff who they saw regularly. During our review of visit schedules we saw that people were routinely support by consistent staff teams. One person's relative told us, "They have been able to provide us with consistent staff and have really put themselves out for us."

People told us their preferences in relation to the gender of their care workers were respected. Information about people's individual preferences had been recorded in the visit scheduling system. This system prevented people being accidentally allocated care workers contrary to their preferences during rota planning.

The registered manager had taken action to ensure the office environment was more welcoming for all staff and visitors. Notices within the office indicated that all conversations should be held in English.

Good

# Is the service responsive?

## Our findings

Each person's initial care plan was developed by combining details provided by care commissioners with information gathered by managers during care needs assessments. This information combined with staff feedback on the person's specific needs gathered while providing initial care visits was then used to formulate the person's care plan.

Everyone we spoke with told us a copy of their care plan was available in their home and one person said, "Every time they write in the book the leave it on the side so I can read it." Staff told us, "There is a care plan in every clients house."

People's care plans had been regularly reviewed and updated when changes to needs had been identified. The majority of the care plans we inspected were sufficiently detailed to enable staff to meet each person's individual care needs. Staff told us, "All the care plans are up to date", "The care plan has been adjusted as [Person's name] needs have changed" and "The care plans are fine, they have enough information. If you read them you know what you need to do." However, one of the care plans we inspected did not provide staff with detailed guidance on the support the person required at night. We discussed this person's needs with the compliance officer and care staff responsible for providing this person's night time care. Both demonstrated a highly detailed understanding of the person's specific individuals needs that was not included in the care plan. Following these conversations the compliance officer reviewed and updated this person's care plan. The resulting document provided staff with significantly more detailed information about the person's individual night time needs.

Each person's care plan included background information about relevant medical conditions, some life history information and guidance on how to access the person home. For each planned care visit staff were given specific guidance on the care and support the required. This included on the person preferred methods of communication and details of their known preferences.

Records showed that the service took a collaborative approach to care planning. We saw examples where the service had adopted practices developed by family members or recommended by health professionals to improve people's comfort. These included guidance provided for staff in the person's home on their specific preferences and needs. In addition, records showed that staff had been provided with specific training by a relative on how to reposition one person to avoid unnecessary discomfort.

The service provided some visits to support people to go shopping in the local community and to provided companionship for people who were unable to leave there homes. For these visits staff were provided with clear guidance on their roles and details of the person's individual preferences or types of activity they particularly enjoyed.

At the end of each care visit staff completed detailed records of the care and support they had provided. These records included staff arrival and departure times, details of the care provided and any changes in the person's condition or needs observed by staff.

People understood how to raise concerns about the service's performance and there were system in place to ensure all complaints received were investigated. Where people had made complaints they felt these issues had been investigated and appropriately resolved. People's comments included, "I haven't had any reason to complain", "I have no complaints, the only issue I had was with one girl, I said something to the office and we have never had her again" and "I would be straight on the phone if a had anything to complain about but I don't."

Good

# Is the service well-led?

## Our findings

Staff morale had further improved since our previous inspections. Staff felt well supported by the office team. Their comments included, "It's a nice place to work", "I think we are going really well", "I am really impressed and happy at the moment. It is more organised in the office" and "[The office staff] are great." Office staff recognised that morale had improved and recognised that the staff team were committed to meeting people's care and support needs. They told us, "We have much better staff, less last minute sickness. Some but not everyday."

The service's operational management team had remained stable since our previous inspection. This had positively impacted on the service's overall performance and these staff had well defined roles. The compliance officer was responsible for reviewing care plans, managing staff training and monitoring the service's performance. The senior carer was responsible for developing visit schedules and monitoring all available data to ensure all planned care visit were provided. The registered manager provided overall leadership to the office team and took responsibility for identifying when it was possible to take on new care packages. The service's chief financial officer had left shortly after our previous inspection. Since this departure the registered manager had appointed a book keeper and made appropriate arrangements for the service to receive financial guidance form a local accountancy firm.

Records were well organised and work was underway to move to a paper free office system. All care plans were now stored electronically which meant on-call staff could access this information from home if necessary. A robust information management system had been introduced and was being used appropriately by all staff. Care staff had been provided with smart phones and an app which allowed information to be shared securely.

Staff used the app to record their arrival and departure time at each care and to share information about changes to people needs with office staff. Office staff then used the same system to document what action was taken to in response to the information provided. The same process was used to document what action was taken in response to telephone calls received by the service. For example, of the first day of the inspection a person called the service to cancel a care visit due for the following day. This call was documented by the compliance officer who received the call and then forwarded to the senior carer who made the necessary change to the visit schedule. The updated visit schedule was then shared with the staff using the app. This system provided a robust audit trail of changes made to visit schedules and other action taken in response to information received by the office. We had previously been concerned that certain staff did not always use these system effectively, we discussed these issues with the office staff team who told us, "That won't happen because we won't let it."

People recognised the service's administrative systems had improved and one person told us, "They respond immediately if you report something to the office." Staff said, "Any issues or queries I raise with the office get sorted out as soon as I ring them and "You can send information into the office using the app and it is acted upon." The registered manager told us, "It's a much better system, much quicker communication and easier to manage."

The service's record keeping system had significantly improved and staff were quickly able to establish what action had been taken in response to information the office had received. Office staff recognised that the new office systems were a significant improvement over previous arrangements and commented, "It's a massive achievement, the on call phone hardly ever rings now", "We are in control and we are a proper team" and "When you don't have to stress in the office it is much easier." The registered manager told us these new systems were working well and said, "It's a fantastic feeling, I can trust the office staff."

The service procedures in relation to staff leave requests had also significantly improved. New systems had been introduced to ensure sufficient numbers of staff were consistently available to provided planned care visits. This system had worked well over the Christmas holiday period and the registered manager told us, "I did not have to work over Christmas, I could not believe it."

Quality assurance processes had also significantly improved. All daily care records were now routinely reviewed by office staff on their return to the office.  At the time of our inspection the compliance officer was in the process of developing a questionnaire to be used to gather additional feedback from service users.