

Piramid Care Services Limited

Westwood House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Good



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires Improvement



Overall summary

This was an announced inspection carried out on the 07 April 2015.

Piramid Care Service is a domiciliary care service based at Salford Quays, Manchester. It provides personal care for a range of people living at home. The service provides supported living; community based home care and 24 hour care packages for complex health care needs, challenging behaviour and/or autistic spectrum disorder.

There was a registered manager in place. 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.

At the last inspection carried out in April 2013, we did not identify any concerns with the care and support provided to people by the service.

We looked at the training, learning and development needs of individual staff members. Supervisions and appraisals enabled managers to assess the development

Summary of findings

needs of their staff and to address training and personal needs in a timely manner. We found limited information that formal supervision and appraisals had been undertaken.

We looked at the staff supervision policy which indicated formal supervision would take place at least once in every quarter. From reviewing records we found this was not happening. One member of staff told us; "I do have supervision with the manager and regular informal contact. It is not recorded as far as I'm aware." Another member of staff said "I don't really have any one to one supervision, but if I need anything I give them a bell."

We spoke to the manager about these concerns. They confirmed that whilst supervision did take place it was informal, inconsistent and not recorded. They accepted that improvements were required in line with their supervision policy.

This is a breach of Regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to staffing, because staff did not receive appropriate ongoing or periodic supervision and regular appraisals to support them in their role.

We found the service did not have systems and processes such as regular audits of the service provided to assess, monitor and improve the quality and safety of the service.

In relation to the competency of staff administering medication and meeting other support needs, we found that no competency or spot checks had been undertaken by management to ensure staff were delivering services safely and correctly. The manager told us that checks were undertaken, however no formal process existed for recording such quality assurance checks.

Though people told us they would not hesitate to contact the service if they had any concerns, it was not clear to us how the service responded to individual concerns and complaints. It was also not clear to us how the service used such information to make improvements and demonstrate that they have been made. The service was unable to demonstrate how they regularly sought the views of people who used the service and took regard of any complaints, comments and views made. For example, we found no satisfaction questionnaires had been circulated to people who used the service, relatives and health care professionals to seek feed-back on the quality of the services provided.

This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to good governance. The registered person did not have appropriate arrangements in place to monitor the quality of service or regularly seek the views of people who used the service.

You can see what action we told the provider to take at the back of the full version of this report.

People told us they or their loved ones were safe and they trusted staff coming into their homes. One relative told us; "We are very happy. They give us the care and support we need. All carers have had training to meet our daughter's specialist needs."

During our inspection, we checked to see how the service protected people against abuse. We found suitable safeguarding procedures in place, which were designed to protect vulnerable people and children.

We looked at how the service managed risk. We found individual risk assessments had been completed for each person and recorded in their care file.

We looked at how the service managed people's medicines and found that suitable arrangements were in place to ensure the service was safe.

There was a staff induction programme in place. This provided staff with an insight into working for the company when they first commenced employment. Staff confirmed that when they commenced employment with the service they underwent an induction course.

Staff told us they felt supported by the service and received regular training to support them in their roles. Comments included; "Training is excellent and I get enough." "Yes its good especially the behavioural course. There's lots of training." "I feel valued and supported by the manager who responds to any concerns we have. They manage the service very well."

We spoke with staff to ascertain their understanding of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS). A number of staff were able to confirm some training in the mental capacity act though training records indicated no training had been delivered by the service. The manager was able to tell us that as a result of her recent experiences with a DoLS application and the MCA, they had arranged training with an independent provider for all staff.

Summary of findings

People and relatives told us the service was professional, kind and caring. One person who used the service said “Yes, staff are very kind and treat me very well. I am happy with what they do for me. They are very good to me.” A relative of a person who used the service told us; “Really excellent interaction with the carers, they are our choice and are really caring. The team we have are absolutely wonderful.”

Each person we spoke with confirmed staff always treated them with dignity and respect when care and support was provided. Staff we spoke with highlighted the importance of treating people in a manner they or their families would want to be treated.

We found people who used the service had care plans in place with copies held at both the head office and in their

homes. The structure of the care plan was clear and easy to access information. Staff told us that before they started with a new client they would read the care plan to ensure they knew the individual needs of the person.

We found the service was involved in regularly monitoring people’s health and worked well with other health care professionals.

Relatives and people who used the service confirmed that the service was responsive to people’s changing needs. One relative told us; “They are very responsive to any concerns I or my husband has and they always respond straight away. They take account of any concerns we have.”

Staff told us that they felt valued by the management and spoke favourably of the leadership provided. One member of staff told us; “No concerns for the way the service is managed, I feel supported and valued.”

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 safe. People told us they or they loved ones were safe and they trusted staff coming into their homes.

We found suitable safeguarding procedures in place, which were designed to protect vulnerable people and children. We found appropriate criminal records bureau (CRB) disclosures or Disclosure and Barring Service (DBS) checks had been undertaken and suitable references obtained before new staff commenced employment with the service.

We looked at how the service managed people's medicines and found that suitable arrangements were in place to ensure the service was safe.

Good



Is the service effective?

Not all aspect of the service was effective. Whilst supervision of staff did take place it was informal, inconsistent and not recorded.

Staff told us they felt supported by the service and received regular training to support them in their roles.

A number of staff were able to confirm some training in the mental capacity act, though training records indicated no training had been delivered by the service.

Requires Improvement



Is the service caring?

The service was caring. People and relatives told us the service was professional, kind and caring.

Each person we spoke with confirmed staff always treated them with dignity and respect when care and support was provided.

People told us they were involved in determining their support needs and were listened to by the service.

Good



Is the service responsive?

The service was responsive. Care plans captured information such as people's likes and dislikes and provided details of the support people needed.

We found the service was involved in regularly monitoring people's health and worked well with other health care professionals.

Relatives and people who used the service confirmed that the service was responsive to people's changing needs.

Good



Summary of findings

Is the service well-led?

Not all aspects of the service were well-led. We found the service did not have systems and processes such as regular audits of the service provided to assess, monitor and improve the quality and safety of the service.

Staff told us that they felt valued by the management and spoke favourably of the leadership provided.

The service had policies and procedures in place which covered all aspects of the service delivery, which had recently been reviewed.

Requires Improvement



Westwood House

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 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 07 April 2015 and was announced. We provided 48 hours' notice of the inspection to ensure management were available at their head office to facilitate our inspection. The inspection was carried out by two adult social care inspectors from the Care Quality Commission.

We reviewed information we held about the service in the form of statutory notifications received from the service and any safeguarding or whistleblowing incidents which may have occurred. We also liaised with external agencies like the local safeguarding team.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. They did not return a PIR and we took this into account when we made the judgements in this report.

At the time of our inspection the service provided care to 20 people living in the Derbyshire, and Greater Manchester areas. We spoke with two people who used the service and six relatives. We were told the service employed 38 members of staff on zero hour contracts. 15 members of staff worked exclusively during the school holiday periods only. During our inspection we spoke to nine members of care staff including one senior care worker, two care coordinators who job shared and the registered manager.

During the inspection, we spent time at the head office and looked at various documentation including care plans and staff personnel files. We also spent time visiting two people who used the service in their own homes to ask them or their relatives what they thought about the service they received.

Is the service safe?

Our findings

People told us they or they loved ones were safe and they trusted staff coming into their homes. One relative told us; “The care is one hundred and ten percent. We are really pleased with the company. Mum isn’t rushed with what she does and they always give Mum time, every time. I wanted a flexible company and this is it. Staff were changed when I asked them to help with communication as she couldn’t understand one person. We have choice and control.” Another relative said “We are very happy. They give us the care and support we need. All carers have had training to meet our daughter’s specialist needs.” Other comments included; “Yes staff are very kind and treat me very well. I am happy with what they do for me. They are very good to me.” “Mum lives on her own and had fallen twice but since we’ve been with Pyramid her falls have reduced.”

During our inspection, we checked to see how the service protected people against abuse. We found suitable safeguarding procedures in place, which were designed to protect vulnerable people and children. We looked at the service safeguarding policy and saw how the service managed safeguarding concerns. We were told that all staff had received training in safeguarding which we confirmed by looking at staff training records.

People told us if they had any safeguarding concerns they would immediately contact the office or the registered manager. One relative told us; “I would speak to staff and then to the manager depending on what the issue was. I have information on safeguarding.” Another relative said “I have the contact details for the office and manager and they have my details.”

All staff spoken with told us they had received safeguarding training, were able to describe the different types of abuse and were able to describe the action they would take if they witnessed or suspected any abusive or neglectful practice. One member of staff told us; “If I thought someone was being abused, depending on the circumstances I would report it to my manager or even directly to the Police.” Another member of staff said “If I see anything I’m not happy with in respect of abuse, I would report it immediately as it could be a member of my family that was being abused.” Other comments from staff included; “If I had any concerns about people’s safety, I would report it immediately to the manager. I know they would deal with it correctly.”

We reviewed a sample of four recruitment records, which demonstrated that staff had been safely and effectively recruited. Records included application forms, previous employment history and suitable means of identification such as passports and confirmation of addresses. We found appropriate criminal records bureau (CRB) disclosures or Disclosure and Barring Service (DBS) checks had been undertaken and suitable references obtained before new staff commenced employment with the service. This demonstrated people were protected against the risks of abuse because the service had robust recruitment procedures in place.

We looked at how the service managed risk. We found individual risk assessment had been completed for each person and recorded in their care file. The risk assessments used covered areas such as manual handling, health and safety, medication, fire and electrical equipment safety and use of personal protective equipment (PPE). This provided guidance for staff to follow around how to support and keep people safe.

We looked at how the service managed people’s medicines and found that suitable arrangements were in place to ensure the service was safe. The service administered and supported three people with their medication. Care files included a medication risk assessments, which included procedures for collecting medication, requesting repeat prescriptions and what action to take in the event of an error. We looked at a sample of medication administration records and found these had been completed correctly without any signature gaps or omissions.

Staff who administered medication confirmed they had received training, which we were able to confirm from reviewing staff training records. One member of staff told us: “Yes I’m trained and up to date and this will be refreshed in April. I’ve had a few observations of practice.” Another member of staff said “I’m trained in medication. The manager may have checked my competency in the past, but it doesn’t happen on a formal basis.” We spoke to the registered manager about whether formal competency assessments of staff were undertaken following training. We were told that informal checks were undertaken, but these had not been recorded.

Is the service safe?

We found suitable arrangements were in place for staff to enter people's home safely and securely. Some people who used the service lived alone and staff were required the use of a key code to enter their home. Most people who used the service or their relatives facilitated entry for staff.

We looked at how the service ensured there were sufficient numbers of staff to meet people's needs and keep them safe. Both staff and people who used the service or their relatives confirmed that on the whole the same staff were used to support people. The manager told us that two

people who used the service had 24/7 contracts, meaning that care was provided continuously through a 24 hour period. We spoke to one carer who was responsible for managing 24 hour care for one person. They told us; "I have worked with this client for two years. We have a regular team of one senior carer and seven permanent members of staff most of the time. I have no concerns about staffing." A relative who used the service said "We are so pleased we have the same staff. They are good for us and I hope and pray it stays the same."

Is the service effective?

Our findings

We looked at the training, learning and development needs of individual staff members. As part of the inspection process we looked at four staff personnel files, spoke to the registered manager and staff about supervision and annual appraisal. Supervisions and appraisals enabled managers to assess the development needs of their staff and to address training and personal needs in a timely manner. Staff should receive appropriate ongoing or periodic supervision in their role to make sure they remain competent in their role. We found limited information that formal supervision and appraisals had been undertaken.

We looked at the staff supervision policy which indicated formal supervision would take place at least once in every quarter. From reviewing records we found this was not happening. One member of staff told us; “I do have supervision with the manager and regular informal contact. It is not recorded as far as I’m aware.” Another member of staff said “We sometime have supervision, but we can always pick up the phone anytime.” Other comments included; “I don’t really have any one to one supervision, but if I need anything I give them a bell.” “I can’t remember the last supervision, but I’m in touch with the office all the time and I can always talk about issues.”

We spoke to the manager about these concerns. They confirmed that whilst supervision did take place it was informal, inconsistent and not recorded. They accepted that improvements were required in line with their supervision policy.

This is a breach of Regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to staffing, because staff did not receive appropriate ongoing or periodic supervision and regular appraisals to support them in their role.

There was a staff induction programme in place. This provided staff with an insight into working for the company when they first commenced employment. Staff confirmed that when they commenced employment with the service they underwent an induction course. One member of staff told us; “Yes I did the basics of care, moving and handling, food hygiene, medication and epilim administration.” Another member of staff said “When I first started I was given training in manual handling, first aid and things like that.”

Staff told us they felt supported by the service and received regular training to support them in their roles. Comments included; “Training is excellent and I get enough.” “Yes its good especially the behavioural course. There’s lots of training.” “I feel valued and supported by the manager who responds to any concerns we have. They manage the service very well.” “We do get plenty of support and training. Most of the time I deal with the same client and have undertaken training to specifically meet their needs like epilepsy.” A relative of a person who used the service told us; “All the carers we have had training to meet our daughter’s special needs.” Another relative said “The different people coming in are all trained well and I observe them.”

We looked at training records and found staff had received training in a number of areas including; medication, emergency first aid, safeguarding, manual handling and autism awareness. Other training undertaken by staff included National Vocation Qualifications (NVQ) in social care.

We looked at the way the service managed consent to any care and support provided. We found that before any care and support was provided, the service obtained consent from the person who used the service or their representative. We were able to verify this by speaking to people who used the service and speaking to staff.

We asked staff how they would ensure that people consented to support where people lacked capacity or had difficulty communicating. One member of staff told us; “My client has complex needs. I know my client and their body language. Their response indicates whether they are happy for me to do anything. For example, one client would sit on the floor which was a definite no!” Another member of staff said “I would know instantly when he was refusing anything by the signals he makes. When he gets agitated I know immediately and know how to immediately deescalate the situation.”

The Mental Capacity Act 2005 (MCA 2005) sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. The Deprivation of Liberty Safeguards (DoLS) provides a legal framework to protect people who need to be deprived of their liberty to ensure they receive the care and treatment they need, where there is no less restrictive way of achieving this. The service had recently submitted an application to the Court of Protection on request of the

Is the service effective?

local authority on behalf of one person who they supported. We spoke to the manager about this application and paperwork submitted. They confirmed that the application should have been submitted by the local authority and they had been wrongly advised. We established the local authority had since progressed a further application to address the error.

We spoke with staff to ascertain their understanding of the Mental Capacity Act (2005) and Deprivation of Liberty

Safeguards. A number of staff were able to confirm some training in the mental capacity act though training records indicated no training had been delivered by the service. The manager was able to tell us that as a result of her recent experiences with a DoLS application and the MCA, they had arranged training with an independent provider for all staff.

Is the service caring?

Our findings

People and relatives told us the service was professional, kind and caring. One person who used the service said “Yes staff are very kind and treat me very well. I am happy with what they do for me. They are very good to me.” A relative of a person who used the service told us; “Really excellent interaction with the carers, they are our choice and are really caring. The team we have are absolutely wonderful.” Other comments included; “X can change her personality, but staff adapt to this change and can treat her accordingly. We have choice and I’m included. They are kind and caring. I feel I can talk to staff, they’re great.” “The care is okay. Staff treat us well and respectfully. We are happy with what they do and our needs are met.” “They treat X as an adult. Communication is good and they listen to what I say.”

Each person we spoke with confirmed staff always treated them with dignity and respect when care and support was provided. Staff we spoke with highlighted the importance of treating people in a manner they or their families would want to be treated. One member of staff told us; “We are here to help, protect and guide people and treat them as we would want to be treated ourselves.” Another member of staff said “We treat people with empathy and respect.” Other comments included; “I treat people as I would treat my own family with respect and dignity at all times.”

The staff we spoke with demonstrated a good understanding of people's care needs. During the visits we

made to people in their own homes, we observed good interactions between staff and the people they supported. We observed the interaction between staff and people which was kind and caring. We noted that staff were affectionate and friendly to the people they supported and conducted themselves in a professional manner.

People told us they were involved in determining their support needs and were listened to by the service. One relative told us; “We are definitely involved in determining my relative's needs and they do listen to me.” One person who used the service said “Yes staff talk to me about my care. There is a communication sheet that staff fill in each day and this says what's happened. I sign the staff timesheet.” Other comments included; “They take my advice and listen to me and the workers are consistent.”

We spoke with staff about how they promoted people's independence when providing care and support. One member of staff told us; “With my client who has full capacity, I encourage her to be independent as possible which she accepts and understands is important. Any issues I will deal with the advocate who is a family member.” Other comments included; “By prompting and encouraging people linked to the care plan. Even someone helping to wipe a table promotes movement and keeps them mentally well.” “By trying to support what they want to do and encouraging them to take part.”

Is the service responsive?

Our findings

As part of the inspection process we looked at six care files of people who used the service. We found before each person began using the service, the registered manager carried out a detailed personal assessment of their individual needs. This included assistance with daily living needs such as grooming and personal hygiene. We found people who used the service had care plans in place with copies held at both the head office and in their homes. The structure of the care plan was clear and easy to access information. Staff told us that before they started with a new client they would read the care plan to ensure they knew the individual needs of the person.

Care plans captured information such as people's likes and dislikes and provided details of the support people needed. This included guidance on medication, protocol for use if physical intervention was required and record such interventions. A daily record detailed the interaction between staff and the person who used the service.

People's views and wishes were incorporated into their care plans. Care plans we saw demonstrated that people or their representatives had been fully consulted during the initially assessments. We saw that care plans and risk assessments were regularly reviewed by the service, or when required to respond any changes in need, which were specific to people's requirements. Though some people told us they were involved in determining their or their relatives care, reviews did not demonstrate that people who used the service, relatives or other health care professionals had been consulted.

We found the service was involved in regularly monitoring people's health and worked well with other health care professionals. One member of staff told us; "We make sure the person can take drinks and feed themselves and ensure sufficient drinks are available. We use nutrition and hydration charts and write in the log book daily intake to monitor people." Another member of staff said "We use fluid and nutrition charts and these are filled in every day. We sometimes use weight charts and are getting someone weighed whilst they are at the hospital." People whose behaviour was sometimes challenging were monitored and recorded. We looked at detailed behavioural assessments that had been undertaken with other professionals.

Relatives and people who used the service confirmed that the service was responsive to people's changing needs. One relative told us; "They are very responsive to any concerns I or my husband has and they always respond straight away. They take account of any concerns we have." Other comments included; "X and I have a good relationship with the manager and all staff." A member of staff told us; "The family are very pro-active and will always let me know if they have any concerns." Another member of staff said "Families will always feedback any concerns to me or directly to the office and we will always try to respond in the best way."

The service policy on compliments and complaints provided clear instructions on what action people needed to take. We noted that the service had not been subject of any formal complaints. People told us that if they had any concerns they would either contact the office or the manager directly.

Is the service well-led?

Our findings

As part of the inspection we looked to see how the service monitored the quality of services provided. We found the service did not have systems and processes such as regular audits of the service provided to assess, monitor and improve the quality and safety of the service. We found that limited medication audits had been undertaken by the management, which had not been recorded. We were shown a new medication audit tool that the manager told us they were about to be introduced. In relation to the competency of staff administering medication and meeting other support needs, we found that no competency or spot checks had been undertaken by management to ensure staff were delivering services safely and correctly. The manager told us that checks were undertaken, however no formal process existed for recording such quality assurance checks.

Though people told us they would not hesitate to contact the service if they had any concerns, it was not clear to us how the service responded to individual concerns and complaints. It was also not clear to us how the service used such information to make improvements and demonstrate that they have been made. The service was unable to demonstrate how they regularly sought the views of people who used the service and took regard of any complaints, comments and views made. For example, we found no satisfaction questionnaires had been circulated to people who used the service, relatives and health care professionals to seek feed-back on the quality of the services provided.

We saw no evidence of staff meetings having taken place to address any issues such as new learning and good practice. It was therefore unclear to us how the service demonstrated how it responded to concerns and new learning and that such information was shared with staff.

This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

in relation to good governance. The registered person did not have appropriate arrangements in place to monitor the quality of service or regularly seek the views of people who used the service.

There was a registered manager in place. 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.

On the whole, people told us that the manager was contactable and they had no concerns with the management of the service. Comments included; "Everything seems to be okay with the service". "They seem to pick good staff." "The team are all good. We have a good relationship with the manager and all the staff."

Staff told us that they felt valued by the management and spoke favourably of the leadership provided. One member of staff told us; "No concerns for the way the service is managed, I feel supported and valued." Another member of staff said "The manager is always available at all times. I always get an appropriate response from management." Other comments from staff included; "They are a good service to work for, open and transparent. I have no concerns." "I feel confident approaching the manager about work issues and she is always available."

The service had policies and procedures in place which covered all aspects of the service delivery, which had recently been reviewed. The policies and procedures included safeguarding, medication, complaints, supervision and health and safety.

Providers are required by law to notify CQC of certain events in the service such as serious injuries, deaths and DoLS applications. Records we looked at confirmed that CQC had received all the required notifications in a timely way from the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Staff did receive appropriate ongoing or periodic supervision and regular appraisals to support them in their role.

Regulated activity

Personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The registered person did not have appropriate arrangements in place to monitor the quality of service or regularly seek the views of people who used the service.