

Pinnacle Cares For You Limited

# Pinnacle Cares For You Limited

## 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?

Good ●

# Summary of findings

## Overall summary

This was the first inspection of the service since it was registered with the Care Quality Commission (CQC) in July 2017. This inspection took place on 4 and 10 July 2018 and was announced. The service is a domiciliary care agency based in North Tyneside. It provides personal care to people living in their own homes throughout North Tyneside and Northumberland. Services were provided to adults with a wide range of health and social care needs. At the time of our inspection there were 20 people receiving a service.

Not everyone using Pinnacle Cares For You received regulated activity; the CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

The service had a registered manager in post. The registered manager had been in post since the service was registered. A registered manager is a person who has registered with the CQC 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. The registered manager was on annual leave during this inspection, therefore we liaised with the Chief Executive Officer (CEO) and the operations director.

Staff were trained and understood their responsibilities with regards to safeguarding people from harm. Incidents of safeguarding matters had been recorded, investigated, reported and were monitored. The local authorities who commissioned services had no concerns about the service. People told us they felt safe with support from care staff and relatives confirmed this.

Staff supported people to maintain their health and safety in their own home. Fully completed risk assessments of the known risks people faced were in place for care staff to follow. These were regularly updated to reflect any changes in people's care needs. Accidents and incidents were comprehensively recorded and investigated to resolve issues and reduce the likelihood of a repeat occurrence.

Medicines were well managed. Electronic medicine administration records were used and we saw these were accurate and up to date. Competency checks were conducted with care staff to ensure they remained competent with this task. Unannounced spot checks were regularly carried out to ensure high standards were upheld.

A policy was in place to protect people from the risks of infection. The company provided care staff with personal protective equipment (PPE).

Staff recruitment was safe and robust. 20 care staff were employed and we considered this was enough to safely and effectively meet people's needs. People told us care staff were consistent and arrived as expected most of the time.

The company mainly recruited qualified and experienced care staff. They received a company induction and had regular training updates. A robust induction programme had been delivered to two care staff who did not have extensive experience. Care staff attended regular supervision sessions as part of their personal development plan. Records confirmed this. Care staff told us they felt very supported by the management team.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The CEO shared multiple examples of people who had achieved a positive outcome following successful support from staff.

People told us that care staff made meals of their choice. External healthcare and social care professionals were involved with people's care to ensure their ongoing welfare.

Without exception, people and relatives told us all staff were caring, kind and respectful. People said care staff upheld their dignity and privacy.

Support plans contained very person-centred information. People's needs were thoroughly assessed, planned and reviewed to ensure they received suitable care to meet their healthcare needs. Care staff supported people to pursue their interests and hobbies.

The provider had invested in an innovative electronic monitoring and rostering system. Care staff were given smart phones to access and operate the system. Relatives could securely log in and review information about their relatives care and the service delivered.

No-one we spoke with raised any complaints about the service. Our pre-inspection questionnaire corroborated this. There was a complaints policy in place. No formal complaints had been received by the service. We saw minor issues had been logged, investigated and promptly resolved.

There was a plan in place to issue annual surveys to people, relatives and care staff. People and relatives told us they were regularly contacted by the management team to ask if the service met with their satisfaction, which they told us it did.

The CEO ensured the service was properly monitored. The electronic monitoring system was embedded into the service which gave 'real time' feedback. Audits and analysis of all aspects of the service was systematically implemented and provided comprehensive information to the management team to help them to promptly identify and reduce any risks. Action plans were drafted to ensure any issues identified were dealt with.

## 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.

Robust safeguarding processes were followed by staff.

Recruitment was safe and there were enough staff employed to meet people's needs.

Medicines were well managed and infection control procedures adhered to.

### Is the service effective?

Good 

The service was effective.

People achieved positive outcomes with support from staff and external professionals.

Staff were qualified and well trained in topics which met people's needs.

Consent was sought to deliver care and support.

### Is the service caring?

Good 

The service was caring.

Without exception, people and their relatives spoke highly of the staff. They told us staff were kind and caring and respected their dignity and privacy.

People were involved in their care planning and their wishes and choices were met.

### Is the service responsive?

Good 

The service was responsive.

Innovative IT systems were in place to allow the service to respond quickly to people's needs.

Very person-centred support plans were developed and regularly

reviewed.

Staff supported people to pursue hobbies and interests.

The service had received no complaints.

**Is the service well-led?**

**Good** ●

The service was well-led.

There was a strong staff structure in place which included a registered manager.

Staff demonstrated the values of the organisation.

People and relatives spoke highly of the service, staff and management.

There was robust governance and oversight of the service.

# Pinnacle Cares For You Limited

## **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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection site visit took place on 4 July 2018 and was announced. We gave the provider short notice of the inspection because we needed to be sure the office would be open to access records. One inspector visited the office location to see the management team; and to review care records, policies and procedures.

At the site visit, we spoke to the Chief Executive Officer (CEO) and the operations director. The registered manager was on annual leave. As the support staff worked remotely, we emailed 10 of them to obtain their opinions. We received two responses. We reviewed a range of care records and the records kept regarding the management of the service. This included looking at three people's care records, three staff files, the IT systems and quality assurance documentation.

On 10 July 2018, the inspector conducted telephone interviews with people who were receiving care in their own homes. We spoke with two people who used the service and emailed two others at their request. We also spoke with one relative and emailed three others to gather their views about the service.

Prior to the inspection we reviewed all the information we held about Pinnacle Cares For You, including any statutory notifications that the provider had sent us and any safeguarding information we had received. Notifications are made to us by providers in line with their obligations under the Care Quality Commission (Registration) Regulations 2009. These are records of incidents that have occurred within the service or other

matters that the provider is legally obliged to inform us of.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that the provider sends to the CQC at least once annually with key information about the service, what improvements they have planned and what the service does well.

In addition, we contacted North Tyneside and Northumberland local authority commissioning teams and adult safeguarding teams to obtain their feedback about the service. A social worker provided us with some detailed feedback.

The inspection was partly informed by feedback from questionnaires completed by people using services, their relatives and community professionals. Overall, we received positive feedback about the service and its staff.

# Is the service safe?

## Our findings

We asked people who used the service if they felt safe living at home with support from the staff. They told us they did. One person said, "I feel totally safe with them coming in my home." Another person said, "They make me feel safe in my home." Relatives and a social worker told us they had no concerns about the safety of the service.

Safeguarding policies and procedures were in place for staff to follow. The service had not encountered any incidents of a safeguarding nature to date. Staff had completed safeguarding training and were aware of their responsibility to recognise and report safeguarding matters. Staff told us they understood all the policies and procedures in place and that they would have no hesitation to report any issues to the management team. One relative said, "Pinnacle Cares arranged for both an internal safe and an external key safe to further improve my [relative's] security, especially once he started losing his keys, credit cards etc." A social worker told us, "Pinnacle Cares reports any concerns and reported they felt an individual was isolated to allow this to be addressed by a social worker." This meant people were protected as much as possible from harm and improper treatment.

People's care needs had been thoroughly assessed and there were detailed risk assessments in place. We saw that risks to the people's health and wellbeing along with generic risks around the property had been assessed and were reviewed regularly. For example, risks in relation to mobility, communication, medicines and fire. Risk assessments explained what the hazards were, how to mitigate risks and what control measures were in place to prevent incidents. If a change was recognised by a support worker, they communicated that change using a smartphone which sent an electronic alert to the management team to action. A social worker told us, "Pinnacle Cares carried out risk assessments and appeared to do so on every visit as concerns regarding housing were expressed to allow them to be addressed by a social worker." This demonstrated proactive risk management and any risks identified had been promptly reduced.

The Chief Executive Officer (CEO) showed us how accidents and incidents were reported through their electronic system. The system demonstrated that all incidents had been reported in great detail, investigated and resolved.

The management of medicines was safe and people told us they received their medicine on time and as they would expect it. The provider promoted self-medication wherever possible and encouraged people to use pharmacy filled dossette boxes to maintain their independence. We reviewed electronic Medicine Administration Records (MARs) which staff used to record any assistance given. We found these were accurate and up to date. The MARs contained information about allergies and the staff used codes to explain any discrepancies and completed an incident report to send the information immediately to the management team to resolve. The management team audited the MARs on a weekly basis to ensure people had received their medicine safely. A support worker told us, "I have completed medication management and I am very confident in administering medication."

A policy was in place to protect people from the risks of infection and cross contamination. Care workers



wore a uniform and used personal protective equipment (PPE) such as disposable gloves, aprons and hand sanitising gel to reduce the possibility of spreading germs. The people we spoke with confirmed this.

There were enough staff employed to ensure people's needs were safely met. People told us they had regular support workers who were reliable, punctual and did not hurry their duties. We reviewed staff rotas which confirmed this. We saw staff covered consistent shifts, there was no overlapping of visits and staff had appropriate time between each call to allow for travelling. Electronic call monitoring was used to monitor the staff whereabouts. The staff logged into the system via a smartphone at each visit. The data was captured in real time and sent to a central computer system which the management team could access. An electronic alert was raised if staff were running later than planned. This guaranteed that visits were not missed and ensured the safety of people and staff. A support worker told us, "I feel there are enough staff to look after people as the routes are made for the staff available and the company won't take a package without there being sufficient numbers to provide safe care."

A recruitment policy and procedure was in place to ensure staff were recruited safely. The management team had carried out pre-employment vetting checks which included seeking a reference from a previous employer and/or a character reference and obtaining an enhanced Disclosure and Barring Service (DBS) check for each employee. The DBS check a list of people who are barred from working with vulnerable people; employers obtain this data to help them make safer recruitment decisions. New staff completed an application form and attended an interview. This demonstrated that the provider recruited staff who were suitable to work people who required social care and support.

We saw that the management team followed the company disciplinary policy and procedures when staff fell below standards of expectation. A detailed record was made of a recent issue and an outcome was recorded. We found the CEO had appropriately implemented the disciplinary process and followed up actions after its conclusion in relation to referring onto other agencies such as the Care Quality Commission and the DBS.

## Is the service effective?

### Our findings

People told us the service was effective. One person said, "They (staff) know what they are doing" and, "They are all experienced, they haven't just been dropped into it." Another person said, "They (staff) are definitely trained and competent." Relatives also expressed their satisfaction of a service which effectively met their relative's needs. One relative said, "It is no coincidence that all the staff are well trained, friendly, caring and with a very high personal commitment to their patients."

People experienced positive outcomes having received support from staff and the management team. People and relatives spoke highly of the whole team in relation to their contribution to successful outcomes. The Chief Executive Officer (CEO) shared multiple examples with us. For example, one person whom staff supported had previously been with another provider. The person had not left their own bedroom for a long time and had not left their house in several years. The CEO told us that within months of receiving support from Pinnacle Cares staff, the person started to use the downstairs living areas and even sat in their garden. The person was now receiving weekly support to enable them to access the community with support from staff. The CEO told us that a social worker had visited the person recently and was very impressed that the person suggested holding the meeting in their conservatory. A social worker told us, "Pinnacle Cares have improved the life of this individual. They follow the support plan set out by a social worker and advice from health care professionals." Another person who had also not left the house in years was now regularly going out on their mobility scooter accompanied by support staff. The CEO told us, "He has confidence in us now."

A third person's family were so impressed with the support from staff, that when the person needed to move into residential care, they continued to pay for a weekly service to ensure their relative regularly accessed the community. A fourth person's relative also made similar arrangements when their relative had to move into sheltered accommodation. The person had thoroughly enjoyed weekly visits to the local golf course so they kept the service in place. Their relative told us, "My [relative] was stressed, losing weight, low personal confidence and overall wellbeing in October/November 2017 and very, very soon even with only a daily visit we could see a step improvement in his health, self-esteem and confidence. As the relationship developed with the staff this improvement continued and after four weeks my [relative's] main social worker could not believe how well my [relative] looked, was stress free and communicated during the monthly visit. I have no doubt that this was all due to the excellent support the Pinnacle Cares staff gave to my [relative] from day one, both professionally and just as importantly socially."

The CEO told us that they tried wherever possible to only recruit "senior" support workers. These were staff who had extensive experience and previous qualifications in health and social care.

All staff completed a company induction which was modelled on outcomes of the Care Certificate. There were two staff members who did not have previous experience and they had been enrolled onto the full Care Certificate induction process. The Care Certificate is a benchmark for the induction of staff. It assesses the fundamental skills, knowledge and behaviours that are required by people to provide safe, effective, compassionate care. A trained assessor from an external training provider delivers the courses and staff are assessed using a bespoke online assessment and through observations.

The company induction involved staff completing courses in key topics such as moving and handling, safe handling of medicines, first aid, food hygiene, infection control and health and safety. Other topics such as dementia and end of life care were available for staff to complete on-line from external training providers. A support worker told us, "Our training is refreshed regularly and we receive any training that may be needed for a specific package." Two people required assistance with specific care procedures, such as catheter care and stoma care. We found that although staff were positively supporting these people with safe care and no concerns, they hadn't been trained or deemed competent by a nurse. We asked the operations director to address this and they told us they would.

A training matrix was maintained by the management team to monitor when refresher training was required. We saw this was up to date and all staff had received training in the key topics. Future training sessions were planned to take place. Unannounced spot checks were carried out by the management team to ensure staff delivered the high standards of care expected of them. Spot checks included competency checks on staff to ensure safe handling of medicines and safe manual handling techniques were maintained.

A six-month probationary period was in place for new staff and this was monitored and reviewed at regular intervals by the management team. A personal development plan was put in place and supervision sessions took place routinely following a successful probationary period. These included a self-review by the staff member as well as discussions around objectives, training needs and a future development plan. An assessment based on the values of Pinnacle Cares was conducted at six monthly intervals. Any performance issues or concerns were summarised with an action plan and a timescale for improvement. Annual appraisals were scheduled but the first ones were not due at the time of this inspection. This demonstrated the management team prepared staff for the role, continually supported them and ensured their competence was maintained.

Communication within the service was excellent. With the use of the electronic system, messages could be instantly cascaded to staff securely via their smartphones. The system also had a secure social media section. This meant staff could post questions or relay information to the management team or their colleagues and they would be immediately notified. The CEO told us they found this an excellent way of sharing general information with the team. A support worker told us, "Management are always sending us updates, holding meetings and talk to the carers as equals. They talk to us in a way that is easy for us to understand so no one is left confused."

Relatives could also access the electronic system with a username and password. This gave them access to the information about their relative's service such as times of visits and who is visiting. Daily notes can be sent electronically as regularly as they would like them. One relative used the system to check when support staff were present. This meant they could phone their relation who required support from the staff to use the telephone. They told us, "They (staff) relay messages between us and my [relative] always sounds happy."

All people and relatives we spoke with said there were no problems at all with communication and in particular the CEO and the operations director were very good returning phone calls. One relative said, "At all times we have had great communication with both the staff and managers" and, "I like their system of having good mobile communications with their rotas, daily feedback notes after each visit and their accessibility on their mobile phones. This also helped me plan both my weekly and weekend visits." Another relative said, "The carers use the 'app' on their phone at each visit to record what they have done and leave notes for the next carer. This has worked extremely well when an alternative carer has been on duty and the notes have helped them find where everything is, my [relative's] needs, etc."

Care team meetings took place and the management team held these at various locations to enable staff to attend them due to the logistics of staff working across North Tyneside and Northumberland. We reviewed the care team meetings which showed staff were regularly reminded about best practice.

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 training in the MCA, and they demonstrated an understanding of their responsibilities. The CEO told us they would always presume capacity and then contact the local authority community mental health team if they were concerned about someone's mental capacity and work with the professionals to deliver a safe and effective service. They added, "Good engagement leads us to delivering the principles of the MCA."

We noted that people or their relatives had signed their consent to receive care and treatment. The CEO told us, in most cases, relatives made all the care arrangements and people had just let relatives sign on their behalf, but had given verbal consent at the time of assessment. Where relatives held a Lasting Power of Attorney, a copy of the documentation was obtained to ensure that decisions were being made appropriately. A lasting power of attorney (LPA) is a legal document that allows people to appoint others to help make decisions or to make decisions on their behalf.

People were supported with nutrition and hydration. Staff prepared healthy and well-balanced meals for people in line with their likes, dislikes and preferences. People had their nutritional and hydration needs assessed and those who were at high risk of malnutrition or dehydration would be closely monitored. At the time of inspection no-one's food or fluid intake was being formally measured, however electronic charts were available for staff to use to record intake should a GP or dietician request this. We saw that staff gave a general overview of the food and fluids prepared by them in the daily notes.

Care records demonstrated that staff involved external health and social care professionals to ensure people's needs were continually met. The records showed staff had made referrals to a GP, district nurses and skin integrity nurses and they worked closely with care managers within the local authorities. Records were made of the communication and any progress or outcomes were recorded. One relative told us, "On at least three occasions Pinnacle Cares staff have responded to emergency situations to ensure my [relative] has received urgent medical care where necessary and always alert me when they have concerns about my [relative's] health and wellbeing." Another relative told us, "A carer noticed my [relative] had a bloodshot eye and suggested I take her to the local walk in A&E. We did this on the same day so the referral was timely and the A&E department were able to allay our concerns as the matter was not a serious one." A social worker told us, "Pinnacle Cares reported medical concerns and acted on them appropriately."

## Is the service caring?

### Our findings

People told us, "I'm happy with it so far"; "I'm very happy" and, "They (staff) are very nice, I'm very pleased." It was apparent from the conversations we had with people, that they enjoyed a friendly relationship with all the staff. Relatives confirmed this. One relative said, "All the staff treat my [relative] with great respect and kindness at each and every visit and we have relied on them totally to take care of my [relative's] health, welfare and overall wellbeing and we are delighted with their support." Another relative said, "My [relative] lives in our house so I can hear the carers greeting her warmly each morning while I am getting ready for work. They chat on while they are undertaking their duties." A third relative said, "From what I have observed they personalise their approach to my [relative]. She is very happy with the carers and she expects high standards having worked for many years in this field." A support worker told us, "I always do the task at hand the best I can. I enjoy putting a smile on their face knowing I have made a difference to them."

People who responded to our survey agreed that their support workers were caring and kind and always maintained their privacy and dignity. They told us they were always introduced to their care workers before they provided any support and that they were happy with the care they received.

Online training courses were available in dignity, privacy and respect which some staff had completed. Staff demonstrated to us that they respected people's privacy and upheld their dignity such as closing blinds and covering people over when assisting with intimate personal care. People told us their care workers, spoke to them nicely, treated them with respect and respected their home and their visitors. One relative told us, "It's lively (in our home) but very happy and the carers are lovely with everyone, including the dog!"

The service was very flexible and accommodating of people's needs. Staff responded well to changes and understood the importance of treating people as individuals. Staff supported people to maintain their independence and they explained to us that they encouraged people to do tasks for themselves and supported only when necessary. A social worker told us, "They (staff) promote [person's] independence and are teaching her new skills where appropriate." And, "They put the individuals first and they develop a good professional relationship with each individual and with myself."

Staff had attended equality and diversity training. Care plans had been developed to reflect people's individuality and identity. This raised awareness and encouraged staff to promote individuality and ensure people's personal preferences, wishes and choices were respected. A support worker said, "I feel I have a good relationship with all of the customers on my route and although some can exhibit mentally challenging behaviour you just have to remind yourself why you are there and that both the company and myself expect to provide the best care at all times."

Care records showed people and their relatives had been involved in the care planning process. A member of the management team visited people at home to carry out an initial assessment of their needs and they gathered information to allow support workers to get to know how people preferred their care to be delivered. People had contributed personal information about themselves such as their life history, likes, dislikes, interests and hobbies. A relative told us, "They take all details and for example during the daily calls

will ensure my [relative's] TV is set to watch the football, motor racing etc. based on my feedback."

We reviewed the 'home file' and an up to date 'Statement of Purpose' which the provider had produced and shared with people who used the service. These publications contained information about the company's values, what people can expect from the company and how the service will be delivered. They also contained a full individualised care plan with risk assessments, information on quality assurance, complaints and useful contacts.

At the time of the inspection no-one was using a formal advocate. An advocate is someone who represents and acts as the voice for a person, while supporting them to make informed decisions. In most cases, a relative acted in this role and sometimes staff offered support. The Chief Executive Officer told us they were aware of how to involve an independent advocate from an external service.

Sensitive information about people and staff was stored securely within a locked office to maintain confidentiality. The management team were aware of the legal requirement to keep information about people safe and secure under data protection laws and new legislation. The staff we spoke with were aware of the importance of maintaining confidentiality and privacy.

## Is the service responsive?

### Our findings

A relative told us, "On two or three occasions managers have responded personally within 30 minutes to potentially urgent concerns with my [relative's] health and wellbeing." A social worker said, "Pinnacle Cares are very responsive. Any questions I have are answered over the phone within the same day without having to be reminded. Pinnacle Cares has changed the times of their visits to fit the change in routine for an individual quickly and to the best of their ability."

The provider has invested in innovative technology to enhance the service they provided to people. The computerised system consisted of an electronic rostering and monitoring system with added applications for staff and relatives to access relevant information. All staff had been given a secured smartphone which gave them access to the information they needed. This enabled the management team to work entirely remotely with 24/7 access to all the information they held. Support plans and risk assessments were inputted into the system and these could be updated immediately if support staff reported changes to people's needs.

An initial assessment was carried out with people and/or their relatives when they first enquired about support or were referred by the local authority. A member of the management team visited people at home to gather information about the level of support required, medical background, preferences, routine, likes, dislikes and allergies and they developed an in-depth assessment of specific care needs. An environmental assessment was compiled regarding any risks in the home such as a gas, water, electricity, fire, faulty appliances, pets and loose flooring. Once agreed, and trialled for four weeks, a finalised version was printed off and given to people to keep at home.

The support plans contained information about people's care needs including medical history and health needs, capacity, mobility, communication, daily routine, emotional support, religious and social needs. A separate comprehensive risk assessment document and medicine profile was also drafted.

Individualised and very person-centred care records were in place. People's records were constantly reviewed. The records were well maintained, completed to an excellent standard and contained detailed information. There were electronic versions held on the central computerised system and were available to staff on their smartphones. A paper copy was printed off and placed in people's home files.

A member of the management team spoke with staff prior to them attending the first visit to give them as much information as possible about the person and talked them through the support plan which staff could review on their smartphone. Staff were introduced to new people wherever possible in order to ensure a smooth transition, deliver a service which people were expecting and ensure people felt comfortable with the staff who visited them.

Periodic reviews were planned to check and update people's support plans to ensure their current needs were being met. We saw that support plans and risk assessments were constantly being updated as and when things changed. People, their relatives and external professionals all had input into these reviews.

Review meetings were held in people's homes to ensure people were fully involved in any decisions made about their care. The people who responded to our survey confirmed they were involved in decision-making about their care and support needs.

The provider offered an enabling service and supported people to attend appointments and access their community to promote social inclusion. Staff supported people with social and leisure related needs to ensure they could continue to enjoy activities and hobbies. A support worker told us, "People go to the cinema, shopping, swimming etc. Whatever they would like to do as long as it is safe and time appropriate." The Chief Executive Officer (CEO) told us, "Our staff enjoy spending time with people, it's an opportunity to share a life not just do a job."

Nobody who used the service required end of life care at the time of the inspection. The service had supported one person in the past and they were prepared to deliver this level of service again should anyone need it. The CEO told us they had worked in partnership with MacMillan nurses and the family. They had increased the services instantly to meet the person's needs and stated that "consistency of support workers was very important." End of life care was included in the staff induction training and some support staff were qualified to level two in end of life care.

The service had received no complaints to date. The CEO told us a member of the management team would deal with issues immediately over the telephone or by visiting people. Minor issues were recorded and we could see these were promptly resolved. A complaints policy and procedure was in place and had been shared with people in the 'home file'. The company website and social media websites also encouraged people to leave feedback about the service.

The people we spoke with had no complaints about the service. They were very complimentary about the service. They knew how to make a complaint. One person said, "I have no problems at all." Another person said, "It's a good service, much better than the last company I had." The people who responded to our survey all agreed that they knew how to complain and they thought the staff would respond well to any issues raised. One relative told us, "Not once have I needed to raise any concerns with regards to my [relative's] overall care." Another relative told us they had raised an issue and, "The manager responded very promptly and positively."



## Is the service well-led?

### Our findings

We asked people if they thought the service was well-led and they told us they thought it was. Relatives said, "In my opinion Pinnacle Cares is extremely well managed and a credit to the caring profession and we could not have asked for a better company to care of my [relative]." And, "By giving their staff full-time permanent contracts I feel this has led to the recruitment of very good care staff who feel valued and are not worrying about whether they have sufficient hours for the week."

A social worker also told us the service was well-led. They said, "I usually speak to the same [manager] however when [they] are not available the other managers and seniors are aware of incidents and concerns. Their good communication within the organisation supports not only the individuals they support but also other professionals who are supporting the individuals. Records are always up to date when they are requested."

Relatives told us what they thought of the management team. Comments included, "I can't thank them enough for their excellent support"; "[CEO] and [operations director] are professional and caring"; "From day one working with Pinnacle Cares has been a pleasure and more importantly really a huge benefit for my [relative]"; "I have the utmost respect for both [CEO] and [operations director]. I chose Pinnacle Cares after [CEO] visited the college where I worked to discuss staff development opportunities. The ethos and method of how he wanted to establish his business aligned really well with the values I was looking for in care services for my [relative]. It was some months later when I needed care services, I had no hesitation in calling them to discuss her needs" and, "I have always enjoyed full 24-hour access to the Pinnacle Cares management team and they have always acted in a professional, caring manner and this principle is also carried through to all their staff members."

This was the first inspection of the service since the provider registered with the Care Quality Commission in July 2017. There was a registered manager in post, however they were on annual leave during this inspection. The Chief Executive Officer (CEO) and the operations director were available to assist us with the inspection. We found the management team were open and transparent during the inspection and provided all the records we requested for examination. They were very knowledgeable about the people who used the service and familiar with all their needs. The provider was aware of their responsibilities to submit statutory notifications to us as and when required.

The provider held a set of values which they ensured the staff they employed also embraced through the interview process and regular supervisions. The values were, 'We are Responsive, We are Respectful, We are Professional, We go the extra mile, We are committed to continuous improvement and We collaborate and innovate.' The findings from this inspection reinforced those values and we found that staff did display those values. The feedback we received from people and relatives corroborated our findings.

Staff told us they enjoyed working for the company. Comments included, "I think the morale is high, the people I have met since working at Pinnacle Cares enjoy their job and have recommended others to apply. We do not have a reward scheme but on special occasions like birthdays and Christmas we receive a card

with flowers or vouchers. [CEO] and [operations director], if not both will always be in touch passing on appreciation from people and themselves letting us know when we are doing good and tell us how much of a valued member of the team we are"; "For me personally I think the company runs very well. [CEO] and [operations director] have both been supportive and fair. They are easy to approach and don't look down on staff. It's a good place to work" and, "I love my job at Pinnacle Cares I feel valued and respected. In my last company it felt like my voice wasn't heard but here it is totally different."

The provider was working in partnership with a local college to deliver a nurse associate qualification to their staff. This would enable the provider to develop the service further to meet any future needs of people in relation to complex care and more invasive nursing procedures. There was also a future plan in place to develop a rapid response team to enable the service to respond to people who have been discharged from hospital and need urgent ongoing care and support to enable them to get home quickly.

Policies and procedures were established to ensure staff were supported to meet the high standards and values which the company strived to achieve. The provider had invested in an innovative IT system to enhance the service. This included a quality management, electronic call monitoring and rostering system to ensure the service was operated safely, efficiently and professionally.

The staffing structure in place included the CEO, an operations director, a registered manager, a home care supervisor and a team of 20 permanent support workers. The whole team were aware of their responsibilities and what they were accountable for. The provider had a business continuity plan in place to ensure the continued smooth running of the service in the event of severe disruption which could be caused by fire, flood, staff shortages or IT failures.

There was a very strong culture of governance and oversight of the service. Audits and formal checks on the safety and quality of the service were being carried out. The providers quality assurance programme included, measuring performance against targets, spot checks, probationary reviews of staff, staff supervisions, care service reviews and courtesy telephone calls. A relative told us, "I have had telephone calls from [operations director] to ask how the service is and if there is anything further Pinnacle Cares can support us with."

We saw that audits were comprehensive and detailed. A weekly report was produced to look at the previous week's planned visits against the actual visits and these were RAG rated (red, amber, green). The CEO told us they would consider the 'red' and 'amber' visits and investigate these further to check why they weren't delivered exactly as planned. The audits contained action plans which were produced to address any issues identified. With the use of the IT system, issues could be addressed and resolved almost instantly.

The management team met on a weekly basis to look at everything the IT system had flagged for the previous week, this included the planned against actual visits, incidents, audits, HR issues, health and safety, recruitment and training.

The CEO told us an 'End of Year' board meeting was scheduled for July 2018, to discuss the company's strategic plan, review the year gone by, identify any lessons learned and check the quality reviews for customer feedback. The CEO demonstrated they had oversight of the service and was in a position to formally assess, monitor and improve the service. This meant systems and processes were established and effective enough to ensure compliance with the regulations.