Palmerstone Homecare Ltd

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Inspection report

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Ratings

Overall rating for this service	**Requires improvement**
Is the service safe?	**Requires improvement**
Is the service effective?	**Requires improvement**
Is the service caring?	**Requires improvement**
Is the service responsive?	**Requires improvement**
Is the service well-led?	**Requires improvement**

Overall summary

We carried out our inspection on the 17 and 23 September 2015 and the inspection was announced.

Palmerstone Homecare provides personal care services to people in their own home. At the time of our visit the service was supporting 166 people. This was the first inspection since the service was registered at this location.

Palmerstone Home care has a registered manager who was also a company director. 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.

Recruitment procedures were not sufficiently robust; staff had started work before the results of all the checks were complete. This placed people at risk of receiving unsafe care.

Medicines were not always safely managed and we found that there was a lack of clarity about the agency's responsibilities and who should administer what medication. This lack of clarity could people at risk

Summary of findings

There were sufficient staff available to meet people needs and people told us that they liked having consistent carers.

Risks to people were well managed through a risk assessment process which looked at both environmental and individual risks. Staff were clear about safeguarding procedures and the actions should they take should a concern be identified.

Training was provided to staff but the systems in place to monitor and oversee it did not operate effectively. It was not clear if staff had the required knowledge or undertaken relevant training. We identified gaps in staff knowledge and understanding of the Mental Capacity Act 2005 (MCA).

Support was available to support people to maintain a balanced diet and to access health services.

People told us that the majority of staff were very caring and went the extra mile but this was not always consistent. Communication was identified as an issue as misunderstandings could occur which impacted on care.

People were involved in developing their care plan but there were occasions when the agency had not been able to consistently meet people's preferences. Communication about the reasons for this and the management of concerns was an area that was identified as problematic. People did not always feel listened to.

Formal complaints were investigated and some were well managed with a clear outcome.

There were systems in place to monitor the quality and safety of the service which included seeking the views of people who used the service and welfare checks. However the systems had not been effective at identifying the lack of consistency across the service.

During this inspection we identified breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was not always safe.

The management of medication was not always safe.

The checks undertaken on people's suitability to work with vulnerable people were not always undertaken before individuals start work.

There were sufficient numbers of staff to meet people's needs.

Risks to people's wellbeing were identified and plans were in place to reduce the impact on individuals.

Requires improvement

Is the service effective?
The service was not always effective.

There were systems in place to oversee training but these were not effective and it was not clear if all staff had the skills that they needed to carry out their role.

Staff were not always clear about their roles and responsibilities under the mental capacity act.

People were supported to eat and drink.

People were given support to help them stay healthy.

Requires improvement

Is the service caring?
The service was not always caring.

Most people thought that staff were kind and caring but this was not consistent.

People were consulted about their care needs.

People's privacy and dignity was respected.

Requires improvement

Is the service responsive?
The service was not always responsive.

People had their needs assessed but they did not always receive a personalised service.

Complaint procedures were in place and some people's experience was very positive however others were less so.

Requires improvement

Is the service well-led?
The service was not consistently well led.

Requires improvement

Summary of findings

There were systems in place to manage quality but these were not always effective at identifying and addressing issues

The service takes people's views into account.

There was a clear management structure.

Palmerstone Homecare

Detailed findings

Background to this inspection

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

The inspection took place between 15 September 2015 and 23 September 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection team consisted of one inspector and two Experts by Experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service, and their expertise was in the care of older people.

We reviewed information we held about the provider including concerns reported to us. This is where one or more person's health, wellbeing or human rights may not have been properly protected and they may have suffered harm, abuse or neglect.

We accompanied staff from the agency on visits to two people who were in receipt of care. We also spoke on the telephone to 19 people which included people who received care and their relatives. We spoke with six care staff as well as five staff from the head office team. We telephoned two healthcare professionals and spoke with them about their perceptions of the care provided by the agency.

We reviewed a range of documents and records including care records for people who used the service, records of staff employed, complaints records, and incident records. We looked a range of quality audits and management records.

Requires improvement

Is the service safe?

Our findings

People told us that that staff administered their medication and they received their medicines when they should. One person said that they were occasionally late being administered and another said, “There had been an occasional ‘hiccup’ but this had been addressed straightaway.”

We found that the arrangements in place to manage medicines did not always work effectively. We look at a sample of medication and the records and checked to see whether they corresponded. We found anomalies between what was recorded and the available medication, which staff could not explain. This lack of clarity about who should be administering what medication when, meant that people were at risk of not receiving their medicines as prescribed. Staff we spoke to confirmed that they monitored people’s medication and collected medication from the pharmacy if required. They told us they had undertaken training and were clear about what actions they would take, if for example people refused or were unable to take medication in a tablet form.

This was a breach of Regulation 12 of the Health and Social Care Act 2008. (Regulated Activities 2014.

People told us that they felt safe; one relative told us, “my relative never complains.” However we found that the recruitment procedures did not offer adequate protection to people using the service. We saw that the manager undertook checks with the Disclosure and Barring service (DBS) which helps prevent unsuitable people from working with people who use care services. However, we saw some examples of where new staff had started to provide care to individuals before the results of the DBS were known which placed people at risk of receiving unsafe care. Confirmation of individual’s right to work was not always available. References were requested from previous employers and identification checks undertaken.

This was a breach of Regulation 19 of the Health and Social Care Act 2008. (Regulated Activities 2014.

There were sufficient numbers of staff available to meet people’s needs. People told us that they had a consistent team of staff who provided their care. One person said, “I have the same carers all the time,' another person said 'It changes now and again ... but everyone's been brilliant.' People told us that there carers tried to come when they should and if there were delays they were informed. One person said, “they come on time and stay the full time.' Another person said they come on time, ‘most times. If not they let me know.'

Staff told us that there was a clear protocol if they were delayed and they would speak with the office and they would, “sort it.” They told us that staff absences were covered from within the staff team and they worked together to meet people’s needs, changing their rounds or using the office staff. The manager said that they had enough staff to cover the care packages they already had and would not take on new packages unless they had the staff. We saw records which demonstrated that concerns about staff practices, were investigated and disciplinary processes followed if necessary.

Risks to the service and to individuals were managed. When people started using the service a senior member of staff visited them to assess their needs and the risks. These assessments were recorded and included assessments of the environment, and individual risks. People told us that staff were alert to risk in their home and checked on areas such as water temperatures to reduce the likelihood of scalding. Areas such mobility, pressure care or self-neglect were explored as part of the assessment process. Where risks were present the plan listed what actions staff should take to minimise these. We saw moving and handling assessments had been undertaken and these identified the equipment the staff should use, including hoists and sliding sheets. We observed two staff members using a hoist to assist an individual and this was undertaken as outlined in the assessment.

Staff were clear about the actions that they should take in an emergency. They told us that people using the service all had a list of emergency contacts which staff could use if required. The agency operated an on call system outside of office hours, we saw that calls were logged and where concerns were raised these were flagged for follow up.

We spoke to staff about their understanding of safeguarding and they demonstrated that they were aware of their responsibilities and the procedures in place. They described how they completed body maps when they noted an injury and provided receipts for any purchases made on people’s behalf. They were able to tell us who they would report concerns to and were confident that the manager would deal appropriately with any concerns. The

Requires improvement

Is the service safe?

manager kept a record of safeguarding alerts and the actions that they had taken in respect of these. There was evidence that they flagged concerns and worked with the local safeguarding authority on investigations.

Requires improvement

Is the service effective?

Our findings

People told us that some carers were more knowledgeable that others. One person said, "If one is off, you get a dodgy one - they don't wash you properly ... it's a good lick and promise." However, "My usual carer is marvellous." Another person said one of them was very knowledgeable as they had been doing it for a long time. "The other one less so ... they are learning, getting there." One relative expressed concern about staff knowledge about infection control procedures and told us that, "They shouldn't be wearing masses of jewellery ... it can harbour urine or infections."

We found that the systems in place to monitor and oversee training were not working effectively as it was not clear if all staff had the training relevant to their role. The training manager told us that staff new to the care sector undertake an induction course before they start work and that they were moving towards implementing the new care certificate. The agency induction involves direct learning and shadowing experienced members of staff. Staff who previously worked in care did not participate in this and there were no formal systems to identify whether they were competent in areas such as moving and handling before they started work.

The manager told us that staff regularly received training updates in areas such as medicines administration, safeguarding and food hygiene but they were in the process of making changes to how it was delivered. We looked at a sample of staff training records and the training matrix and saw that some refresher training had been provided in 2014. However the records were not up to date and there were gaps in areas such as first aid and infection control. Some of the omissions were due to recording issues but there was also some staff where there were no records to evidence that they had undertaken training in areas key to their role. The manager agreed to update the matrix to ensure that staff had the knowledge they needed and enable better planning and commissioning of training.

Staff told us that they were well supported and were encouraged to speak to the office staff for advice. We observed staff coming into the office during their breaks to meet with office staff and collect equipment such as gloves and aprons. Support was also available for staff through a system of supervision and spot checks. The spot checks took the form of a home visit assessment by one of the quality team and were used to observe staff supporting individuals. We looked at the records of spot checks and saw that they looked at how people interacted and care delivery.

The importance of consent was not always well understood. Some staff had a good understanding of the Mental Capacity Act (MCA) and the importance of consent but others were less clear. We saw that one person was being supported in a way which placed certain restrictions on their daily life. We spoke to staff and looked at this person records. We found that the individual's capacity had not been considered; it was not clear whether the individual had capacity but was simply making "unwise decisions." It was agreed that the agency would seek advice regarding the individual's capacity and whether a best interest decision was needed.

People who received assistance with meals told us that the food provided was satisfactory and they were offered choices. One relative told us, " I leave it out and they're (carers) are very patient with their food." They added: "Sometimes they spend longer that they're supposed to." Another person said, "If (my relative) can't eat something, they put it aside for them."

We saw that people's nutritional needs were assessed when they started to use the service. Where there was an identified risk this had been recorded along with the actions that staff needed to take. The support was focussed around microwavable hot meals and snacks such as sandwiches. We observed that the people we visited had drinks within reach.

People were supported to maintain their health and access support services. One person told us that if their relative was unwell: "I know for a fact they'd get my family involved or call an ambulance." Another relative said: "when (my relative had a fall), they contacted the paramedics and their GP. If the carers are concerned, like if they have got a urinary infection, they ring me ... or ring her GP on my behalf. They always inform me ... and if they can't get hold of me they go ahead."

Staff told us that when they noticed a change in someone's health or if their needs had changed they reported it to the office or called the emergency service. One member of staff

Requires improvement

Is the service effective?

spoke about a recent incident when they had to call the emergency service after an individual became seriously ill. The member of staff said, “we could see the signs; we knew something was not right.”

We spoke to health care professional as part of our inspection and they told us that staff contacted them appropriately. They told us that the agency communicate well and follow through on the advice given. Records also demonstrated that the agency was in contact with a range of health professionals

Requires improvement

Is the service caring?

Our findings

People reported varying levels of satisfaction. While the majority of people told us that their carers were kind and caring, a small number told us that the carers did not speak with them appropriately.

One person said, they “get on well “with their carers and appreciated having a regular team. Another person said, “We sit and talk all the time.” They told us, “They start with a hello, a smile and how are you.” People told us that the carers completed the tasks they were required to do and sometimes did more; going “above and beyond” what was required. In contrast to this we were given examples of where carers had been abrupt and not responsive.

Some people told us that staff don’t always communicate effectively and that this sometimes impacted on their care. One relative said, “Sometimes [staff] are difficult to understand because they're not English and we don't always understand each other.' Another person said the carers have strong accents which they said, “Causes confusion and misunderstanding.”

The interactions we observed between carers and people using the service as part of our inspection were positive. There was a good rapport and the atmosphere was relaxed. Staff told us that they had sufficient time to provide care and spoke to us about the importance of taking their time and working at the persons pace. One carer said it was important to, “Be patient and take time”. Another carer said, “We care about our clients and want the best for them.”

People told us that staff promoted their independence and spoke with them about how they were supported. A relative told us that staff say things like "Oh come and do it with me ... they don't force her, they encourage her.”

We looked at a sample of care plans to understand how people’s needs were recorded for staff to follow. The care plans provided staff with the key information they needed to care for individuals. Staff were knowledgeable about the people they supported and were able to tell us about their care preferences and described how they involved people in their care. One member of staff said, “we prepare them by telling people about what we are going to do.”

People told us that staff had a good understanding of privacy and dignity. One person told us that they raised an issue about a carers lack of understanding about privacy but the agency sorted it and changed the carer. We spoke to staff about what it meant to care for someone and ensure their dignity. Staff described how they ensured privacy by closing windows and doors and using a towel to ensure people’s dignity was protected when they were providing personal care.

Requires improvement

Is the service responsive?

Our findings

People told us that they had a care plan, and care staff regularly make records of their visit. One person said that after supporting with their care, “They update the book and the care plans.”

People were involved in making decisions about their care but this was not always undertaken consistently. Care plans were written by one of the quality team who visited people in their home and spoke with them about their care needs. We saw that care plans were kept in the office and in people’s homes. We looked at a sample of care plans and saw that they were detailed and informative, including information about people’s care preferences and support needs. We saw that some individuals had signed their plan to indicate their agreement with the care being provided. The documentation included questions about whether people preferred a male or a female carer, however a number of the people we spoke with could not recall being asked about their preferences. One relative told us, “She didn’t have a choice…she’s has men before…she prefers ladies.” Some people told us that the agency has not been able to respond to their bed-time needs due to the times that the carers work. : “One of their faults is they don't finish later in the evening.” They told us that the timing of calls did not meet their needs.

Staff told us that they generally worked with the same people and really got to know them. They told us that they completed records following the visit but often spoke to each other to ensure that information was handed over.

We looked at a sample of daily logs and saw that they detailed the care provided. Some relatives told us that they had tried to improve communication by recording important information in the daily records but they did not think that this was always picked up by staff, which meant that issues continued for longer than they needed to

We saw that people’s care was subject of regular review and these reviews were initiated if people’s needs increased or changed. However, we did not see any documentation regarding timings and actions taken in response. .

We saw that daily handovers were undertaken by the office staff to flag up concerns and identify any changes in people’s wellbeing. This included following up on issues which were raised as part of the on call system. Where necessary visits were undertaken by one of the staff from the quality team. We saw examples of staff being very proactive and supporting people in a wide range of ways, which included arranging a hairdresser, deep cleaning and a new carpet.

People told us that they knew how to make complaints but some concerns were not formally logged as complaints which meant that people did not always get a clear outcome or closure. The majority of people told us that they had a good relationship with the agency and any issues that had occurred had been quickly sorted out and resolved satisfactorily. Two people told us that they were not satisfied about how the agency had addressed their complaint. We looked at the records of complaints and there was no records of these complaints having been recorded as complaints. One person said, “They just said they were very apologetic and would look into it ... they never got back to me on it ... they just changed the carer.” Another person told us that they did not think that the agency took their concerns seriously, so took steps to monitor and listen to the care given. They told us that they had heard a carer speaking inappropriately but were continuing to use the agency.

Requires improvement

Is the service well-led?

Our findings

Systems were in place to monitor the quality and safety of the service. However, these were not effective as they did not ensure consistency across the service.

Most people we spoke with did not know the manager but spoke positively about the office team who they described as, "helpful." The majority of people were happy with the care they received but some people told us that they were not always listened to and as a result things did not change. One person said, "I've brought it up numerous times."

Staff told us that there was an open culture and the manager was approachable and treated them fairly. They said that they were comfortable and able to raise any issues or concerns. They expressed confidence that matters would be addressed by the manager or one of the office team. They told us that they were asked for their views on the care delivered and were able to make suggestions about how improvements could be made. Out of hours there was an on call system for management support and advice. Staff told us that the arrangements worked well and they felt supported. They said that if they had any problems they could contact the office or out of hours number and they would receive help or advice.

The manager who is a director of the company was present at the inspection and told us that they were supported by a quality team. This team used a number of different methods to assess the quality of the service being provided and check it was meeting its aims and objectives. This included staff supervision, spot checks of performance and reviews.

Staff confirmed they received supervisions and spot checks. Records were available which confirmed that these were undertaken on a regular basis and we saw that observations were undertaken of care practices such as how people were being assisted to mobilise. We noted that discussions took place on what was learnt at training and how this could be transferred to the workplace.

We saw that the findings of welfare visits were summarised on a quarterly basis to identify patterns. Records outlined the actions taken but the findings were not cooperated into an action plan with clear timescales and evidence of follow up.

The manager had systems in place to check what people thought of the service, this included telephone calls to people to ask them their views. The last quality survey was undertaken in February 2015 and 120 people were contacted. The results were mainly positive with the majority of people being satisfied with the care they received. However, there was some negative feedback about missed calls and we could not see what actions had been taken to address the areas identified.

The manager had already identified that there were some areas that required further attention. He had a plan which included new uniform and regular staff meetings to build on the team identity. The manager had also directed his human resource and quality teams to take a series of actions with the aim of clarifying their responsibilities and strengthening the departments.

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	Regulation
Personal care	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed People who use the service were not protected from the risks of unsafe care because the recruitment procedures were not adequate. Regulation 19(3)

Regulated activity	Regulation
Personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment People who use the service were not protected from the risks of unsafe care because medication was not always managed safely.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.