

Mr Roger Paul Felipe

Peninsula Care Devon

Inspection report

Airport Business Centre, 10 Thornbury Road
Office 18
Plymouth
Devon
PL6 7PP

Tel: 01752695448

Website: www.peninsulacaredevon.co.uk

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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

Peninsula Care Devon is a domiciliary care service registered to provide personal care and support to people living in either their own homes or with family members within the Plymouth area.

Not everyone using Peninsula Care Devon received a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; such as help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of the inspection there were 61 people receiving personal care.

The service had a registered manager in post. 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 in January 2016 the service was rated Good overall. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service remained rated Good.

People continued to be safe using the service. People were protected by safe recruitment procedures to help ensure staff were suitable to work with vulnerable people. People had their needs met by suitable numbers of staff, with additional staff support arranged when needed.

Peoples' medicines were managed safely. Staff received medicines training and understood the importance of safe administration and management of medicines.

People were protected from abuse because staff knew what action to take if they suspected someone was being abused, mistreated or neglected. One staff member said; "I feel confident the management team will act in a correct manner to safeguard a client."

Peoples' risks were assessed, monitored and managed by staff to help ensure they remained safe. Risk assessments were completed to help support and enable people to retain as much independence as possible and help reduce risks from occurring. Risks associated with people's care and living environment were effectively managed to ensure their freedom was promoted. People were supported by mostly consistent staff to help meet their needs.

People received effective care from staff who had the skills and knowledge to meet their needs. Staff

confirmed they attended team meetings and they received one to one supervision to monitor their practice with appraisals of performance. Staff without formal care qualifications completed the Care Certificate (a nationally recognised training course for staff new to care). Staff said the Care Certificate training looked at and discussed the Equality and Diversity policy of the company.

People were enabled and supported to lead fulfilling, independent and active lives. 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. One relative said, "They [the staff] respect that he [their relative] likes to do as much as he can for himself."

People's equality and diversity was respected and people were supported in the way they wanted to be. People's human rights were protected because the registered manager and staff had an understanding of the Mental Capacity Act 2005 (MCA).

People made a choice of meals, snacks and drinks they enjoyed. Staff monitored people's health and well-being and made sure they had access to other healthcare professionals according to their individual needs.

People continued to receive a service that was caring. Staff demonstrated kindness and compassion for people through their conversations and interactions. If people found it difficult to communicate or express themselves, staff offered additional support and showed patience and understanding.

People could make a complaint and were confident action would be taken to address their concerns. The registered manager treated complaints as an opportunity to learn and improve. The complaints procedure was available in an easy read version to assist people.

People's communication needs were known by staff. Staff adapted their communication methods dependent upon people's needs, for example using simple questions and easy to understand information for people with cognitive difficulties. The service remained responsive to people's individual needs and provided personalised care and support. The registered manager had taken account of the Accessible Information Standard (AIS). The AIS is a requirement to help ensure people with a disability or sensory loss are given information they can understand, and the communication support they need. People received information in a format suitable for their individual needs. Throughout the inspection we saw evidence of how the registered manager and staff understood and promoted people's rights as equals regardless of their disabilities, backgrounds or beliefs.

The service was well led. The provider had systems in place to monitor, assess and improve the service. There was an open culture, and people and staff said they found access to the office and registered manager welcoming and easy. Staff were positive and happy in their jobs. There was a clear organisational structure in place.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Peninsula Care Devon

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.

This was a comprehensive inspection completed on the 12 and 14 September 2018 and was announced. We gave the service notice of the inspection visit because the location provides a domiciliary care service and we needed to be sure that they would be in. The inspection was completed by one adult social care inspector and an Expert by Experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed the information we held about the service. We reviewed notifications of incidents that the provider had sent us since their registration. A notification is information about important events, which the service is required to send us by law.

We reviewed the information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we met with five people and spoke to another eight people by telephone all who received support with personal care and lived in their own home. We also spoke to eight relatives and received emails from six staff members, spoke directly to one staff member and met with the registered manager and provider.

We looked at five records which related to people's individual care needs. We viewed four staff recruitment files, training evidence and records associated with the management of the service. This included policies and procedures, people and staff feedback, and the complaints process.

Is the service safe?

Our findings

The service provided safe care. People told us they felt safe with the staff supporting them. One person when asked if they felt safe said; "Absolutely!" While another said; "Certainly I do."

People were supported by staff that were safely recruited. Records showed that the necessary checks were undertaken prior to an applicant commencing their employment, to help ensure the right staff were employed to keep vulnerable people safe. People had mixed reviews about staffing levels. Some told us there were sufficient numbers of staff employed to support them and help keep them safe and make sure their needs were met. However, people said they did not have any missed calls though they did not know always who was coming. Staff said; "If carers are in short supply, senior staff will assist and attend visits." The registered manager was in the process of employing additional staff.

Staff told us they had sufficient time to provide people's care and support, as well as adequate traveling time. Though during the busy traffic periods, they could be later arriving. However, the registered manager allocated a 30-minute leeway to allow staff extra time for travel or visits that may overrun. The provider had an emergency staffing procedure in place to help ensure people still received their care in times of staffing difficulties, for example when poor weather causes travel disruption. In the event of urgency, people and staff had access to an on-call service where they could seek advice.

Staff were protected whilst lone working and a whistle blowing policy was available to all staff. An out of hours on call service was available to support staff safety and ensure people receiving visits received them.

People were kept safe by staff who understood how to identify the signs of abuse and what action they would need to take if they witnessed or suspected that someone was being mistreated. This included an understanding of which external agencies they would need to alert. There was an up to date safeguarding policy in place. These policies and regular feedback from people using the service, helped protect people from discrimination. Staff had completed safeguarding training.

People had documentation in place relating to the management of risks associated with their care. Risk assessments were detailed and provided staff with specific information on all areas where risks had been identified. This included environmental risks within the person's own home, as well as risks in relation to their care and support needs to help keep people safe. Incidents and accidents were monitored and actions taken to prevent the problems occurring again. Updated risk assessments were read and followed by staff. Regular service reviews and quality monitoring checks ensured procedures were followed.

People's medicines were managed safely. People's medicines were administered as prescribed. Medicines were stored in people's own home in locked cabinets. Staff completed medicines training and were checked for competency. People were protected by safe infection control practices. Staff, received training in respect of good hygiene and infection prevention and control. They were also provided with sufficient amounts of personal protective equipment (PPE), such as gloves and aprons.

Is the service effective?

Our findings

The service continued to provide people with effective care and support. Staff had a good knowledge of people they supported and were competent in their roles which meant they could effectively meet people's needs. One staff said; "Ongoing specific training has been offered to me, including manual handling and dementia." A relative said in a thank you letter; "They [the staff] had an awareness of the symptoms of dementia when helping my mother. Some of the staff were new but obviously received a structured in-service training before setting out on their own."

People were supported by well trained staff. People spoke positively about the skills of the staff supporting them. Staff confirmed regular training including training the provider deemed as 'mandatory', and was provided in subjects which were relevant to the people they cared for. This included the Care Certificate (a nationally recognised training course for staff new to care). This covered equality and diversity and human rights training as part of this ongoing training. Staff completed an induction which also introduced them to the provider's ethos and policy and procedures. Staff were well supported. They received monitoring of their practice, and team meetings were held. Staff were supported by ongoing informal and formal face-to-face supervision, spot checks, competency checks and an annual appraisal.

People's human rights were protected in line with the Mental Capacity Act 2005 (MCA). The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People's human rights were protected. People were assessed in line with the MCA to check their ability to consent to their own care and treatment. People's care plans provided detail about their mental capacity and how this impacted on the decisions they made. The staff had a good understanding of the legislative framework and people's consent to their care was obtained and detailed within their care plans.

People's care records held communication information. People's care plans supported staff to meet people's individual needs, with care plans describing how hearing difficulties could affect people's communication, for example. Therefore, these plans described how staff, needed to make sure their hearing aids were in place, and switched on. Whilst no one currently needed their care plan in a different format, we were told that this would be discussed at people's initial pre-assessment, and arranged when necessary, for example care plans could be produced in large print or in audio.

People, when required, were supported effectively with their nutrition and hydration, and when necessary people's care plans detailed their likes and dislikes. Care records were in place to record people's intake, when they were at risk of not drinking enough. The records enabled staff to monitor trends and to seek advice from health professionals, when necessary.

People had access to external health and social care professionals, and the service worked with external professionals to help ensure people's care was co-ordinated. The PIR records; "Communication between the

multi-disciplinary teams is effective, we liaise with all departments including, GP's, DN's, Social Services, OT's, Pharmacies, Dieticians Family Members and Friends."

Is the service caring?

Our findings

People continued to receive a service that was caring because the values of the organisation ensured the staff team demonstrated genuine care and respect for people. People told us the staff were kind and caring. Comments included, "Definitely" and "Carers very kind" and another said, "Very happy, very nice people, very pleasant." A professional who had used the agency for one of their own clients said; "The person [who received the service] was very complimentary of all the care and attention he has received and wanted to pass on his positive experience of the service."

Peninsula Care Devon is an organisation that recognised everyone as an equal, regardless of their sexuality or ethnicity. Staff had received equality and diversity training and people's individual needs were taken into account.

People who had used the service for a number of years had built strong relationships with the staff who supported them. People we met and spoke with said they were all happy and comfortable with the staff working with them. They said staff were cheerful, friendly and positive. Staff understood the importance of treating each person with respect, regardless of their reliance on support.

People and their relatives were encouraged to be involved in all aspects of care. Regular reviews with people and those that mattered to them were in place.

People were supported to express their views, and make decisions about their care and how it was provided. Some said they had been involved in developing their care and support plan, identifying what support they required from the service and how this was to be carried out. Relatives also said they were involved. If they contacted the office to request any changes, the changes were made straight away. One relative told us, "On occasion I have changed the times staff come. They always try to help out."

People received care from a mostly regular staff team. This consistency helped meet people's needs and gave staff a better understanding of people's communication needs. It supported relationships to be developed with people so they felt they mattered. Though some people said on occasion they did not know who was visiting, no visits had been missed.

People told us their privacy and dignity was respected, and described how staff always closed doors and shut curtains to ensure their dignity. Staff received training in respect of how to promote people's dignity and privacy, and staff understanding was monitored by way of unannounced checks by managers.

Is the service responsive?

Our findings

The service continued to be responsive. People received personalised care that was responsive to their needs. People's care plans were person-centred, and detailed how they wanted their needs to be met in line with their wishes and preferences. People's care plans also detailed their social and medical history, as well as any cultural, religious and spiritual needs. Staff monitored and responded to changes in people's health. Care plans helped to provide guidance to staff about how people needed and wanted their care to be provided.

People told us they received personalised care which met their individual needs. The registered manager wanted to ensure people received an individualised service that met their needs, so reviewed people's care plans with them or their relative, making sure they were satisfied with the care and support they were receiving. The registered manager told us how they involved external professionals, such as social workers when they felt people's needs were not being effectively met. Staff said people's care plans were kept up to date by the registered manager, and explained how they also provided ongoing feedback to help ensure they were reflective of people's current care needs.

Staff told us they were responsive to people's changing care needs and recorded and escalated their concerns as required to the registered manager. Staff told us if people became seriously ill, they would phone the GP (asking the person's permission first) or dial 999 if necessary.

If people had protected characteristics under the Equality Act these were respected and documented. The provider's policies and procedures reflected that people would be treated equally and fairly.

The company had a complaints procedure available for people and visitors to access. People said they would not hesitate to contact the office if they had a problem. They felt comfortable about raising concerns and complaints. Those that had raised concerns were generally satisfied with the outcome and how the complaint had been handled. Records showed that complaints were fully investigated; corrective action taken where necessary and people were kept fully informed. People had a complaints procedure included with the information file in their home. The registered manager clearly understood the actions they would need to take to resolve any issues raised. They explained they would act in an open and transparent manner, apologise and use the complaint as an opportunity to learn.

The Accessible Information Standard is a framework put in place making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The service was proactive in identifying any communication needs and care plans provided the guidance staff needed to facilitate effective communication.

Staff understood how to ensure people would receive appropriate care at the end of their lives, with dignity and as much independence as possible. This meant that people who would need end of life care in the future could be confident in the care delivered.

Is the service well-led?

Our findings

The service remains well-led.

There was a registered manager in post. 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. Staff said of the management of the service; "My experience of the management team is that they care and do their utmost to lead the team to a high standard as possible."

People commented that at times, they had different staff who visited them and they were short of staff. However, no one said visits had been missed. People said; "[The registered manager] and [provider] have known me for a long time and understand what we need. They visit me from time to time." Another said; "I would highly recommend them."

The registered manager ensured the company's visions were embedded into the culture and practice within the service, and incorporated them into staff training. These included offering a reliable, consistent and safe service. As a consequence of this, people were happy with the service and felt well cared for.

People received a service where the provider's caring values were embedded into the leadership, culture and staff practice. Staff had confidence in the provider of the service. Staff told us the registered manager was approachable and made themselves available for support and guidance. The registered manager was open, transparent and person-centred. We were told that the focus of the registered manager was to ensure people came first and received good outcomes.

Staff, were hardworking and very motivated. They shared the philosophy of the provider. Staff meetings, appraisals and supervisions were seen as an opportunity to look at current practice. Staff spoke positively about the provider of the company.

Staff spoke of their fondness for the people they cared for and stated they were happy working for the company, but mostly with the people they supported. The registered manager regularly checked and monitored the culture, quality and safety of the service by meeting with the people and staff, to ensure they were happy with the service.

The provider had systems in place to monitor, assess and improve the service. Checks were carried out regularly on all areas of the service, including visits to people's homes where they completed detailed checks on all aspects of the service people received. The registered manager had worked with the local authority commissioning team to ensure they met the local authority's required standards. They also had a range of checks and audits in place to ensure they met all relevant legal requirements and good practice guidelines.

People had a service which was continuously and positively adapting to changes in practice and legislation. For example, the provider were aware of, and had implemented the Care Quality Commission's (CQC's) changes to the Key Lines of Enquiry (KLOEs), and was looking at how the Accessible Information Standard would benefit the service and the people who lived in it. This was to ensure the service fully meet people's information and communication needs, in line with the Health and Social Care Act 2012.

The provider's governance framework, helped monitor the management and leadership of the service, as well as the ongoing quality and safety of the care people received. For example, there were processes and systems in place to check accidents and incidents, environmental, care planning and other safety audits. These helped to promptly highlight when improvements were required.

The management team understood the importance of confidentiality. People's records were kept securely and only shared with others as was necessary. This was in line with the new General Data Protection Regulations (GDPR).

The provider worked hard to learn from mistakes and ensure people were safe. The registered manager and provider had an ethos of honesty and transparency. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.