

Mr Roger Paul Felipe

# Peninsula Care Devon

## Inspection report

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Date of inspection visit:

07 January 2016

08 January 2016

Date of publication:

17 March 2016

## 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

The inspection took place on 7 and 8 January 2016 and was announced. The provider was given 48 hours' notice because the location was a domiciliary care agency and we needed to be sure that someone would be present in the office.

Peninsula Care Devon provides a personal care service to people living in their own home. On the day of the inspection 53 people were supported by Peninsula Care Devon with their personal care needs.

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.

On the day of the inspection staff within the office were relaxed, there was a calm and friendly atmosphere. Everybody had a clear role within the service. Information we requested was supplied promptly, records were clear and easy to follow.

People spoke well of the care and support they received, comments included, "The carers are first class in every way and thoroughly deserve that level of praise", "You have to be caring to do the job they do and they all are; they're wonderful" and "The carers are all so kind, I look forward to them coming to see me, I'm looked after really well". Care records were personalised and gave people control over all aspects of their lives. People's preferences were identified and respected. Staff responded quickly to people's change in needs. People were involved in reviewing their needs and expressed how they would like to be supported and by whom.

People were supported by staff who put them at the heart of their work. Staff showed a kind and compassionate attitude towards people. Relationships had been developed and staff had an appreciation of how to respect people's individual needs around their privacy and dignity.

People's risks were managed well. People were promoted to live full and active lives. People were supported to have as much control and independence as possible.

People had their medicines managed safely. People were supported to maintain good health through regular access to health and social care professionals, such as GPs and district nurses.

People told us they felt safe. Comments included, "I absolutely feel safe, they notice when things are wrong, sometimes before I do and that makes me feel safe" and "I do feel safe, I welcome them coming because then I know I'm getting the help I need to be safe" and "It's nice to have people coming to see me and when they leave, they make sure everything is all locked up and that I'm safe". Staff had undertaken training on safeguarding vulnerable adults from abuse, they displayed good knowledge on how to report any concerns

and described what action they would take to protect people against harm. Staff told us they felt confident any incidents or allegations would be fully investigated.

People were supported by staff who had limited knowledge of the Mental Capacity Act (2005) (MCA). The service did not currently support anybody who required an assessment under the MCA. The registered manager confirmed all staff would receive MCA training as a matter of importance.

People were supported by staff who had received a thorough induction programme and on-going training to develop their knowledge and skills.

People were protected by the service's safe recruitment practices. Staff underwent the necessary checks which determined they were suitable to work with vulnerable adults, before they started their employment.

The service had a policy and procedure in place for dealing with any concerns or complaints. There had been no written complaints received by the service in the last twelve months.

Staff described the management to be supportive and approachable. Staff talked positively about their jobs. Comments included, "I'm definitely motivated, [...] thinks the world of us", "[...] is always willing to invest in his staff, progress staff and support them to achieve" and "I love my job, I absolutely love it. It is challenging but amazing".

There were quality assurance systems in place to drive continuous improvement within the service. Audits were carried out and where shortfalls in the service had been highlighted, action had been taken to resolve the issues and help ensure quality of care was not compromised.

## 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. Safe recruitment practices were followed and there were sufficient numbers of skilled and experienced staff to meet people's needs.

People were supported by staff who had a good understanding of how to recognise and report any signs of abuse, and the service acted appropriately to protect people.

People's medicines were managed consistently and safely by staff.

### Is the service effective?

Good ●

The service was effective. People received care and support that met their needs and reflected their individual choices and preferences.

People were supported by staff who had the right competencies, knowledge and skills relevant to their role.

People were supported to maintain a healthy balanced diet.

### Is the service caring?

Good ●

The service was caring. People were supported by staff that promoted independence, respected their dignity and maintained their privacy.

People were supported by staff who showed kindness and compassion towards them.

People were supported by staff who enabled them to express their views and be actively involved in decisions about their care and support.

### Is the service responsive?

Good ●

The service was responsive. Care records were personalised and so met people's individual needs. Staff knew how people wanted to be supported.

People were supported to have as much control and independence as possible.

The service had a complaints policy in place. Concerns raised were listened too and action had been taken to respond to them promptly.

### **Is the service well-led?**

The service was well-led. There was an open culture. The management team were approachable and defined by a clear structure.

Staff were motivated and inspired to develop and provide quality care.

People and staff were enabled to make suggestions about what mattered to them. Communication was encouraged.

**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.

The inspection was undertaken by one inspector, took place on 7 and 8 January 2016 and was announced. The provider was given 48 hours' notice because the location was a domiciliary care agency and we needed to be sure that someone would be present in the office.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with the registered manager, the deputy manager, a team leader and two members of staff. We spoke with seven people who were supported by Peninsula Care Devon. We also spoke with an occupational therapist and a community psychiatric nurse, who both had supported people who had received personal care from the service.

We looked at seven records related to people's individual care needs. These included support plans, risk assessments and daily monitoring records. We also looked at five staff recruitment files, records related to the administration of medicines and records associated with the management of the service.

# Is the service safe?

## Our findings

People told us they felt safe. Comments included, "I absolutely feel safe, they notice when things are wrong, sometimes before I do and that makes me feel safe" and "I do feel safe, I welcome them coming because then I know I'm getting the help I need to be safe" and "It's nice to have people coming to see me and when they leave, they make sure everything is all locked up and that I'm safe".

People were protected by staff who had an awareness and understanding of signs of possible abuse. Staff were able to describe different forms of abuse and felt reported signs of suspected abuse would be taken seriously and investigated thoroughly. One staff member commented, "I have reported things in the past, it was all kept confidential and I was informed about what action was taken so I knew it had been taken seriously and acted upon." Staff were up to date with their safeguarding training and knew who to contact externally should they feel that their concerns had not been dealt with appropriately.

People were supported by suitable staff. Robust recruitment practices were in place and records showed appropriate checks were undertaken to help ensure the right staff were employed to keep people safe. Staff confirmed these checks had been applied for and obtained prior to commencing their employment with the service. One member of staff said, "I was asked to bring in all my identification, two references were requested and returned and I had my DBS check, all before I started."

People told us they felt there were enough competent staff employed by the service to meet their needs and keep them safe. Staff told us they felt there were sufficient numbers of staff to support people. The registered manager confirmed and the provider information return (PIR) evidenced they reviewed staffing numbers regularly based on people's needs, and ensured adequate staff were in place with the right skills before they began supporting new people.

Before Peninsula Care Devon provided support to people, a comprehensive initial risk assessment took place. This confirmed the service would be able to safely meet the needs of the person concerned and took account of risks associated with lone working, ensuring staff would be protected. Environmental risk assessments indicated where risk could occur and measures were put in place to minimise the likelihood of incidents occurring. For example, one assessment highlighted there was a potential risk of a person scolding themselves due to the positioning of a heater within a person's home. Staff highlighted the benefit of moving furniture around to minimise the risk. The matter was discussed by all parties involved, and the person agreed to staff moving the furniture in order to help keep themselves safe.

People were supported by staff who understood and managed risk effectively. Risk assessments recorded concerns and identified actions required to minimise risk and maintain people's independence. Staff confirmed they highlighted any issue they felt could have a negative impact on people's ability to remain safe and as independent as possible. Each concern was reported to the office staff, who acted promptly and appropriately to address the identified risk. The registered manager stated, "our philosophy is, if staff perceive something to be a risk then it is a risk. There is no leeway, staff know this and the importance of reporting concerns straight away."

Some people required assistance from staff to take their medicines. People told us staff managed their medicines consistently and safely. Staff had received training and confirmed they understood the importance of safe administration and management of medicines. We looked at medicines administration records (MARs); we noted all had been correctly completed. The service had a clear medicines policy, which stated what staff could and could not do in relation to administering medicines. People's individual support plans described in detail the medicines they had prescribed and the level of assistance required from staff.



## Is the service effective?

### Our findings

People felt supported by well trained staff who effectively met their needs. Comments included: "They are all so good, they notice things wrong before I do, and know exactly what to do", "The carers are all so capable", "If I had to sum up how good they were at supporting me and knowing what I need, I would have to say perfect" and "Goodness gracious the staff are all wonderful at their jobs".

Staff confirmed they received a thorough induction programme and on-going training to develop their knowledge and skills. Newly appointed staff shadowed other experienced members of staff until they and the service felt they were competent in their role. A staff member commented, "The induction was good, I had experience in care but not in people's homes, after shadowing I felt confident I was ready and able to support people". The registered manager confirmed they had completed the necessary qualifications which enabled them to train staff. They explained this helped enable staff to avoid long waiting lists for specific training and meant it was easier to keep staff's training up to date.

Staff were supported to achieve nationally recognised vocational qualifications. The service sourced support from and had established links with external agencies that provided funding on behalf of their staff. This enabled and encouraged staff to take part in training designed to help them improve their knowledge and help provide a higher level of care to people. It also helped staff to develop a clear understanding of their specific roles and responsibilities and have their achievements acknowledged. Staff confirmed they had been supported by the management to increase their skills and obtain qualifications. Comments included, "We are given the opportunity to improve and encouraged to do so", "[...] always makes sure that when my assessor is due to see me, I am taken off the rota, so I have time to spend with them" and "We are encouraged to pursue our aspirations and the manager is proactive in ensuring we have the opportunity to achieve qualifications that will help us improve".

Supervision and appraisals were up to date for all staff. The registered manager and staff confirmed supervision was a two way process of driving improvements and raising standards of care. The deputy manager confirmed staff received a form to complete prior to their appraisal. This provided them an opportunity to highlight areas they wished to discuss and focus on. Feedback on each area was given and staff confirmed this motivated them to develop and improve their practice. Comments included, "Appraisals are good, it gives me an opportunity to talk about things I'm doing well and things I can do better. [...] is really amenable with anything I wish to discuss" and "Supervision gave me the chance to mention some training I wished to do, I got exactly what I needed".

Peninsulas Care Devon did not support anybody that required an assessment under the Mental Capacity Act 2005 (MCA). The 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 a person has been deemed to 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 displayed a limited understanding of the requirements of the act. Due to this the registered manager confirmed that all staff would undertake MCA training to help ensure they would be able

to put their knowledge into practice should the need arise in the future.

People where appropriate were supported to have sufficient amounts to eat and drink. Staff commented how where appropriate, they monitored people's food and fluid intake and communicated with each other to help ensure people maintained a healthy balanced diet.

Records showed how staff either gained consent and made referrals on behalf of people, or advised and supported people to seek relevant healthcare services themselves, when changes to their health or wellbeing had been identified. Daily notes evidenced where professional advice had been sought following staff having identified a change in a person's needs or their physical appearance. For example, a district nurse had been contacted when staff noticed a person's toe appeared different to its normal appearance and red in colour. Daily notes recorded how the district nurse had visited the person following the referral and dressed the toe to meet the person's health needs. One person told us, "I fell once and I did not want to go to the hospital. One of my carers came to visit me. They knew me well and my history with my back, they encouraged me to seek help, I agreed, an ambulance was called and I was admitted to hospital, they were absolutely wonderful."

# Is the service caring?

## Our findings

People were positive about the caring and compassionate nature of the staff and spoke well of the quality of the care they received. Comments included, "The carers are first class in every way and thoroughly deserve that level of praise", "You have to be caring to do the job they do and they all are; they're wonderful" and "The carers are all so kind, I look forward to them coming to see me, I'm looked after really well". A staff member said, "I have a very caring attitude and nature. I love my job because the company shares my values and that gives me great satisfaction".

People were supported by staff who showed concern for their wellbeing in a meaningful way. Staff told us how they interacted with people in a caring, supportive manner and took practical action to relieve people's distress. For example, one person told us how they liked to shower whilst carers were present. They explained they were fully independent with this daily task, but felt very anxious about carrying it out whilst alone in their house. They added, having support immediately available should it be needed reassured them, they said, "The carers are great they make sure I have everything I need and that the door is closed. They are very kind and make me feel at ease and comfortable, if I need them, I only have to ask."

People were supported by staff to maintain their independence. Comments included, "The carers respect what I need help with and what I don't. They never just do things for me, they ask what they can do for me" and "The staff very much respect my independence, I do what I can for myself and they help with what I can't do". Staff gave us examples of how they supported people to be as independent as they could be. This included, not rushing people but allowing them time to fulfil tasks for themselves and not just doing things for people but asking people if they wanted or could do things independently. One member of staff said "Helping people to maintain their independence is so important. I have a great job helping people to stay in their own homes, in an environment they know well and want to stay in for as long as possible. I absolutely love being able to help with that".

People told us their privacy and dignity needs were respected by staff who understood and responded to their individual needs. Comments included, "I'm really very satisfied with how well the staff respect my privacy", "The carers respect that this is my home, they respect my privacy and they help me keep my dignity" and "They take great care in making sure I have as much privacy as possible, whilst still making sure I have the help I need. They are fantastic without exception". Staff informed us of various ways people were supported to maintain their dignity. For example, one staff member commented how they would support people to gain access to a toilet, but would then leave the room so they had privacy, returning only when called upon to do so. Another member of staff explained how they encouraged people to do as much for themselves as possible, kept people covered up as much as possible and kept curtains and doors closed. A staff member told us, "One person lives in their lounge, we have to be very mindful of this when carrying out personal care and ensure they have total privacy."

People received care and support from a consistent staff team who understood their personal histories and preferences. Staff told us they were able to form bonds with people and had developed positive close professional relationships with the people they supported. They explained this helped them provide more

personalised care. People's comments included, "When you see the same people like I have for the last three years, you get to know each other well. Staff understand how I like things done and the support I need" and "The carers all know me very well, they know my different moods and help to cheer me up when I'm down. Sometimes I say I'm fine when I'm not, they can tell just by looking at my face that I'm not really ok, they ask me again and I then usually give them the truthful answer".

## Is the service responsive?

### Our findings

People were involved in planning their own care and making decisions about how their needs were met. Comments included, "The office rings me and checks everything is ok and still as I want things to be", "The carers always check with me what I want them to do" and "I'm always asked my opinion on things and I certainly give it".

People's needs were reviewed and updated regularly. Staff were skilled in supporting people to express their views and helping people to assess their own needs. Staff told us how they adapted their approach with people on a daily basis, based on how the person felt on any given day. For example, one person felt they no longer needed a tea time visit and an evening visit. They discussed this with staff and decided one visit to cover both existing visits would be suffice. Staff accommodated this need. The person told us, "I felt as the visits were so close they were not both necessary. I talked to the carers that came and felt I only needed the one visit. They were very quick to change this for me, which made me very happy." Other staff commented that although they knew people well and many had their daily routines, staff still asked them at every visit, if that was still what they wanted or how they wished things to be done. A staff member said, "You don't just presume because somebody has had tea every morning for the past year, they still want tea that day. It doesn't take long to ask and what's more it's plain courtesy".

People's care records contained detailed information about their health and social care needs. They were written using the person's preferred name and reflected how people wished to receive their care. For example, one care plan stated a person liked to have a glass of water by their bed at night and for staff to ensure they were wearing their personal alarm. We spoke with the person concerned who confirmed all staff respected their wishes and met their needs.

People were encouraged and supported to maintain links with the community to help ensure they were not socially isolated or restricted due to their disabilities. People told us how staff supported them to go out to various places of their choice within the local community.

People had total choice and control over who provided their ongoing personal care and support. People were empowered to be involved as much as possible in deciding whether or not existing or new staff members met their needs. For example, one person told us how they had an issue with one person who supported them. They said, "I had an issue with one member of staff, I raised it with the office and I have not seen them since. I was very happy with how the matter was dealt with". The registered manager confirmed people had control over who supported them with their needs. Concerns were listened too and promptly addressed. They commented, "To the best of our ability we will respect people's choice and keep people happy."

The service had a policy and procedure in place for dealing with any concerns or complaints. A copy of the complaints policy was included in people's care records, within their homes. People told us they knew who to contact if they needed to raise a concern or make a complaint. Comments included, "I've never had any reason to complain, they have always done everything I have needed of them. I have been with the company

for five years now and I'm very satisfied with everything" and "I've never been given reason to complain, but I would if the need arose". Health care professionals communicated to us that they had no concerns with the service. There had been no written complaints received by the service in the last twelve months.

# Is the service well-led?

## Our findings

There were quality assurance systems in place to drive continuous improvement within the service. Audits were carried out and where shortfalls in the service had been highlighted, action had been taken to resolve the issues and help ensure quality of care was not compromised. However, we identified areas for improvement relating to quality monitoring and recording. The registered manager was receptive to our feedback and recognised systems needed to be more robust.

The service had a policy on 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.

The registered manager took an active role within the running of the service and had good knowledge of the staff and the people who were supported by Peninsula Care Devon. There were clear lines of responsibility and accountability within the management structure. The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations.

People and staff all described the management of the service to be approachable, open and supportive. One person said, "[...] has a very good attitude and a nice manner. I have spoken to him on several occasions and he has come to see me in my home. I find him very easy to talk to and extremely helpful". Staff comments included, "I can't praise the management enough, any problems are instantly sorted out", "I trust [...], you need trust and I trust the whole management team" and "Management are very good at listening to you, but not only listening, doing something about it as well".

The registered manager told us staff were asked their ideas of how Peninsula Care Devon could enhance the service it provided. Supervision and appraisals were used to encourage staff to share their opinions and suggest ways improvements could be made. Staff comments included, "I'm often being asked if anything can be done differently. I make suggestions, if they can be done then they are, if not it is explained to me why" and "During the appraisal we get a chance to give our ideas on what could make us better. We then discuss it and see if it is something that can be changed and what the benefits are". Staff told us they felt empowered to have a voice and share their opinions. One staff member shared an idea that had been put into practice. They had suggested ways the care plan could be simplified and improved. They discussed their thoughts with the registered manager and were given the go ahead to change the process. They said, "My idea was to make it easier for staff to locate the information they required much quicker." Staff confirmed they found the care plans easy to follow and information was precise, giving clear instruction on how to support people's needs.

The registered manager told us one of their core values was to have an open and transparent service. The provider sought feedback from people and those who mattered to them in order to enhance their service. Questionnaires were sent annually and spot checks were conducted that encouraged people to share their views and raise ideas about improvements that could be made.

The service worked in partnership with key organisations to support care provision. Health care professionals who had involvement with the service confirmed to us, communication was good. They told us the staff worked alongside them, were open and honest about what they could and could not do, followed advice and provided good support.

The manager inspired staff to provide a quality service. Staff told us they were happy in their work, understood what was expected of them and were motivated to provide and maintain a high standard of care. Comments included, "I'm definitely motivated, [...] thinks the world of us", "[...] is always willing to invest in his staff, progress staff and support them to achieve" and "I love my job, I absolutely love it. It is challenging but amazing".

The service had an up to date whistle-blowers policy which supported staff to question practice. It clearly defined how staff who raised concerns would be protected. Staff confirmed they felt protected, would not hesitate to raise concerns to the manager, and were confident they would act on them appropriately. One staff member commented, "I raised a small issue once. Everything was kept very confidential. I saw action was taken immediately. I would have absolutely no hesitation in doing this again in the future if the need arose."