

Pannonia Care Limited

# Pannonia Care

## Inspection report

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### Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

# Summary of findings

## Overall summary

Pannonia Care provides care and support to people in their own homes. There were 12 people using the agency at the time of our inspection. Of those 12 people six received live-in care.

This announced inspection took place on 14 September 2018.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the agency. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the agency is run. The registered manager assisted us with our inspection.

We last inspected this agency in September 2017 where we identified five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to person-centred care, safe care, training and supervision and consent and governance. We also found a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 as the registered manager had failed to notify us of significant events that had taken place in the agency. Following that inspection, the registered manager provided us with an action plan on how they were going to address these shortfalls. We carried out this inspection to check that action had been taken in line with their plan. We found a small improvement in some areas, but continued shortfalls overall within the agency.

People's medicines were not managed in a safe way and staff did not follow best practice in relation to records, pain patches and topical creams. Some people did not have care plans in place which meant risks to these people may not have been considered. There was a lack of robust oversight of accidents and incidents and information relating to these were not held appropriately.

Although people's needs were assessed before they received care from the agency, information in these assessments was not always transferred into care plans. Staff did not follow the principles of the Mental Capacity Act 2005 as people's consent was not sought when restrictive practices were being carried out.

Staff did not receive the training or supervision they should have and some staff had not been recruited through robust recruitment systems. Systems were not in place to audit or quality assure the care that was being provided by the agency. The registered manager did not have a commitment to improve the service as they failed to act on shortfalls identified at our last inspection. There was a lack of progress since that inspection to improve the paperwork or systems at the agency.

People told us they were cared for by staff who were kind and caring, showed them respect and allowed them to make their own choices. Where people wished to participate in activities outside of their home staff supported them to do this. When people needed healthcare treatment this was arranged for them by staff.

People were cared for by staff who understood their responsibilities in helping to ensure infections were not transferred. People told us that staff arrived on time and stayed the time they expected and staff felt there was enough of them to provide the care that was needed. People knew how to make a complaint but told us they had never felt the need to and that if they wished to change their care or increase their visits this was usually accommodated. The agency worked with the local authority in relation to safeguarding incidents and staff understood their role.

During our inspection we found five continued breaches and one new breach 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. Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

The overall rating for this service is 'Inadequate' and the service has therefore been placed in 'Special measures'. Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months.

The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Inadequate** ●

The agency was not safe.

People's medicines were not managed in line with best practice.

People's risks had not been assessed. Accidents and incident information was not held appropriately or reviewed by the registered manager.

Staff had not been recruited through a robust recruitment process.

Staff understood their responsibility in relation to safeguarding.

Deployment of staff was such that people received the care they needed when they needed it.

Infection control processes were followed by staff.

### Is the service effective?

**Requires Improvement** ●

The agency was not consistently effective.

People's care was not always provided in line with the Mental Capacity Act 2005.

Staff did not always have access to appropriate supervision and training.

People's nutritional needs were assessed and people enjoyed the food provided.

People were supported to obtain healthcare treatment when they needed it.

People's needs were assessed before receiving care from the agency.

### Is the service caring?

**Good** ●

The agency was caring.

People told us staff were kind, caring and attentive.

People were involved in making their own decisions in relation to their care.

People said staff treated them with respect and dignity and that staff turned up on time and stayed the full time.

### Is the service responsive?

**Requires Improvement** ●

The agency was not consistently responsive.

Some care plans lacked detail and some people receiving care from the agency had no care plan in place.

People had opportunities to take part in activities, outings and events.

People told us they would know how to make a complaint.

### Is the service well-led?

**Inadequate** ●

The agency was not well-led.

There was a lack of effective quality monitoring and auditing systems in place to identify shortfalls or to strive to improve the service.

The registered manager did not have good management oversight of the service in that they had failed to act on shortfalls identified at our last inspection.

Monitoring of staff performance and obtaining feedback from people was sporadic.

The registered manager had started to work with outside agencies.

# Pannonia Care

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

This inspection took place on 14 September 2018 and was announced. We announced the inspection as this is our methodology for inspecting this type of service to ensure there is someone available to assist us with our inspection. Due to the small size of the agency the inspection was carried out by one inspector on the day. A second inspector carried out some telephone interviews with people.

Before the inspection we reviewed the evidence we had about the agency. This included any notifications of significant events, such as serious injuries or safeguarding referrals. Notifications are information about important events which the provider is required to send us by law.

As part of our inspection we spoke with two people, two relatives, the registered manager (who is also the registered provider) and three staff.

We looked at the care records of seven people, including their assessments, care plans and risk assessments. We looked at records relating to medicines, 10 staff recruitment files and other records relating to staff support and training. We also checked records used to monitor the quality of the agency, such as the provider's own audits of different aspects of the agency. We asked the registered manager to send us some further information, such as staff training and supervision records within an agreed timescale.

# Is the service safe?

## Our findings

People told us they felt safe with the staff from Pannonia Care. One person said, "Absolutely (safe)." Another told us, "They're just a really friendly group."

However, despite these comments we found shortfalls in the agency relating to safe care. These were similar shortfalls to those we found at our last inspection in September 2017.

People's medicines records were not kept in a way that followed best practice. We saw handwritten medicine administration records (MARs) for people. However, handwritten prescription information was not signed for by a staff member and not counter-signed by a second staff member to confirm its accuracy. Where people had pain patches or topical creams (medicines in cream format) prescribed to them there were no accompanying body maps to show where to apply these. This is important particularly in relation to pain patches, as if someone's patch fell off staff would need to know exactly where to apply a new one. Furthermore, where people were on 'as required' medicines there was a lack of protocols for these. Where people are living with dementia they may not be able to express pain to staff, therefore protocols are important as they give information to staff on how people may show pain, what 'as required' medicines they could have, how often and the maximum dose.

At our last inspection we identified a lack of risk assessments in place for people. We found at this inspection the registered manager had introduced a generic risk assessment form. This covered aspects relating to risks within a person's home as well as individual risks to people. We read that where people may be at risk of falls there was information on how this could be prevented, such as if the person walked with a stick or frame or that staff needed to accompany the person when walking. One person's care plan noted, 'walks with frame, prone to falling due to stroke – always walk behind [name]'. Another person was diabetic and their care plan noted, 'apply cream, be careful with their legs as they hurt'. However, despite these risk assessments being in place, we found that at least two people receiving care from the agency had no care plan at all and a third only had their pre-assessment information. This meant that staff would have no knowledge of any potential risks to the person. We also found in two care plans the code for the person's key safe written down which posed the risk of this information falling in to the wrong hands.

Accidents and incidents were not recorded or stored appropriately and the registered manager did not have good management oversight of them. We found two incidents relating to one person in another person's care plan. The description of another incident was written in Hungarian. We showed this to the registered manager who said, "I don't know why this is written in Hungarian. I've never even seen this before."

The lack of safe care and treatment was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our inspection in September 2017 we found some documentation was missing in relation to staff recruitment. We made a recommendation to the registered provider at the time. At this inspection we found similar concerns. In one staff file we found a gap in their employment history of three years and no reasons

for leaving previous employment. Two other staff members had no references or health declarations. A further staff member only had one reference in their file as well as no dates for previous employment and similarly another staff member did not have a completed list of previous employment. Providers should ensure when employing staff they follow Schedule 3 of the Health and Social Act on what is required for safe recruitment. This reduces the impact of unsuitable staff working in this type of service. We did find however, each staff member had a Disclosure and Barring Agency check to check they were suitable to work at this type of agency and identification and verification of their right to work in the UK.

The lack of robust recruitment processes was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People would be protected from potential abuse as staff were aware of their responsibilities in relation to this. One person told us, "I feel very comfortable with them (staff)." One staff member told us, "I would go to the manager straight away." Another said, "Of course, I would always report anything to [registered manager]." The registered manager told us of two potential safeguarding incidents which they had worked with the local authority over. We asked what the registered manager had learnt about these incidents and they told us, "Paperwork, paperwork, paperwork."

People were protected from the risk of infection as staff told us they had access to gloves and aprons and knew what to do to prevent the spread of bacteria. One staff member told us, "I make sure I always keep [name] very clean and I use gloves and aprons when carrying out personal care." The registered manager told us they were always delivering stocks of protective equipment to staff. A relative said, "They wear gloves when they give personal care."

People and staff told us they felt there was enough staff for people's needs and live-in staff said they had sufficient breaks so they could provide care in a safe way. The registered manager told us they employed enough staff at present to meet the needs of those they provided care to. They said if they planned to grow the agency they would only do so after recruiting more staff.

# Is the service effective?

## Our findings

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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the agency was working within the principles of the MCA and we found they were not always doing so.

At our inspection in September 2017 we found staff had not received training in the MCA, did not have a good understanding of it and were not following the legal requirements of the Act. We found some improvement had been made at this inspection, although we did identify one instance where restrictive practice was being used. We read in one person's care plan, 'barricade bed during the night until carer gets there to support him'. The registered manager explained this person tended to get out of bed during the night and they were not safe to do so. Despite asking external agencies for bed rails for the person they had not been provided so instead staff, "Push the sofa and a couple of chairs up against the bed so he can't climb out. It's not a restriction, it's for his safety." Another person had written in their care plan, 'due to dementia she sometimes walks out of house to go shopping; she needs to be followed' and yet there was no mental capacity assessment or best interests decision in relation to this. However, we did see in other people's care plans that they had either signed their consent to care or their care contract.

We had previously made a recommendation to the registered provider in relation to consent, therefore the continued lack of evidence to support compliance with the Act was a breach of Regulation 11 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt staff were competent. One person said, "They seem to know what they are doing." Another person told us, "From time to time I need hoisting and there are always two staff to do it. They (staff) are very conscientious." A relative told us, "We met some of the carers and they always seemed to know what they were doing so we thought we would give them a try."

At our inspection in September 2017 we found a breach of regulation in relation to staff training and supervision. We identified a similar situation at this inspection despite staff telling us they felt supported and received the training they needed to carry out their role. A staff member said, "I've had all the training I need. I also have an NVQ2." An NVQ is a set number of agreed standards that health and social care staff should demonstrate in their daily working lives. Another member of staff told us, "I've done 11 or more training sessions which included safeguarding, infection control and food hygiene." The registered manager told us since our last inspection all staff had received training in the MCA and yet we could not find written evidence of this and a staff member told us, "I've done a bit (of MCA training) but still trying to get up to date with it." We reviewed the training certificates in the staff files and saw a range of training had been undertaken however, there were gaps. The registered manager also sent us information following our inspection but again this showed that not all staff had completed the necessary training for the role. One staff member

commenced with the agency in November 2017 but there was no evidence of them having done any training. The registered manager told us that one staff member had yet to complete all of their training and another had done it but they could not print out their certificates and said, "I have a matrix which is completely incomplete." They also said they were confident another staff member had commenced with the agency having completed all the necessary training. However, when we reviewed their certificates many were dated as far back as 2013 and 2014. Furthermore, the registered manager themselves had not completed all the required training.

We reviewed the records relating to staff supervision in line with the registered providers policy which stated supervision would take place every four to six weeks. Although staff told us, "I meet regularly with [registered manager] for supervision" and, "[Registered manager] supports me and I have supervisions" we did not find supervision took place consistently. Two staff members who commenced with the agency in November 2017. One had supervision in August 2018 and the other February and April 2018. A third had received no supervision since commencing with the agency in March 2018 and likewise another staff member had last had supervision in March 2018, despite starting to work with the agency in July 2017. The registered manager told us, "I talk to staff, but I have nothing written down. I am trying to formalise it."

The lack of supporting staff and ensuring staff were suitably skilled for the role was a continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us staff would always ensure they had enough food and drink. One person said, "They will make me tea and coffee and heat up a meal I've prepared. They always make sure I have a drink when they leave." A staff member told us, "I would always give food choices." We read in one person's care plan, 'food prepared by family but ask me what I want to eat'. There was a section in people's care plans to record their dietary needs, such as one person who was noted as, 'normal diet – likes to eat healthily, lots of fruit and vegetables' and another person who was recorded as being a vegetarian. One person had swallowing problems and we saw advice from the Speech and Language Therapy team in their care plan.

People's needs were assessed before the agency started to provide the care. We read pre-assessments in the care plans we reviewed and one relative told us, "The manager came and talked through and asked what it was we were looking for. We met the main carer then too."

People had access to healthcare professionals when they needed it and staff sought advice when necessary. A relative told us, "He was coughing a lot yesterday so the manager informed the GP." We read some people had a chiropodist visiting regularly as well as a physiotherapist.

## Is the service caring?

### Our findings

Relatives and people said staff were caring. One relative told us, "They're very sweet. They're very caring." A person said, "They know me, absolutely."

People could make their own choices in their care. A person told us, "They give me choices in food, what I want to do, wear and when I get up, etc." One person had limited speech and staff were advised to, 'ask yes/no questions' to support them in making their own decisions. A second person was non-English speaking and the registered manager said in this instance staff used a mixture of hand gestures and short phrases to understand the person's wishes. A staff member told us, "I sit down with them and we discuss things so they give their consent."

People said staff were kind and attentive. One person told us, "Staff are very empathetic, kind and proactive." Another person said, "They're a friendly group." A third told us, "I am happy with the agency – they do everything they can for me." A relative said, "They definitely are very attentive." A staff member said, "I have to be kind and protect her. I put a bell next to her which she can use when she needs my help."

People were treated with respect and dignity by staff. A relative told us, "They shut the door and make sure it's (personal care) done in private." They added, "I could hear everything that was going on and it seemed to be okay. I feel confident in letting go and letting them help." We read in people's care plans how they would like staff to address them for example, in the case of one person who wished staff to call them 'Mrs [name]'.

People were supported by staff to retain their independence. A staff member said, "She can do things for herself, such as brush her teeth so I let her." Another told us, "It's a matter of common sense. You need to look after them as you would your mother or father."

People told us they saw consistent staff who arrived when they were expecting them and stayed the full length of time. One person said, "I have no worries about when they are going to turn up. They stay the full time unless there is nothing more I need them to do." A relative told us, "They are usually on time, but I normally get notified if they are running late." They added, "They have never missed a call."

The registered manager was very hands on within the agency, carrying out visits herself and meeting or speaking to people most days. This meant that if people needed to make contact in the event of an emergency the registered manager would know the person, their needs and be able to assist them. One person told us, "Whenever I've called for extra help, they've provided it."

## Is the service responsive?

### Our findings

During our inspection in September 2017 we found that care and treatment was not always being planned around people's specific needs. We found at this inspection there had been some improvement. However, despite the registered manager telling us they had reviewed each person's care plan and risk assessments we found this not to be the case.

Care plans contained information for staff on people's care needs. However, we found care plans were not consistently in place as two people did not have a care plan and a third only had their assessment paperwork. The registered manager told us that they accompanied staff on all visits and as such showed staff what was needed. However, we read that some people had live-in care staff and other's several visits a day which meant it would be difficult for the registered manager to be present at all calls. One person's pre-assessment said they were unstable when walking and used a frame, were prone to urine infections, their speech was slurred and that they could be uncooperative with personal care. However, none of this information was in the person's care plan. This person's funding authority assessment had also recorded that the person was on a soft textured diet, but we read that their care plan noted, 'normal diet'. A second person was recorded as suffering from 'mild depression' and yet, there was no information for staff on how to respond to this. There was also limited information relating to people's personal history to assist staff in getting to know them. The lack of information and care planning relating to people demonstrated a lack of person-centred care. It also meant that may not have the information to provide accurate care for people.

The continued lack of person centred care planning was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We did read however, some detailed information in certain care plans. One person attended hospital weekly for treatment and there was information in their care plan on what staff needed to do to prepare them for this. Their care plan noted, 'cream on arms Monday, Wednesday and Friday before hospital appointment and a light lunch packed too'. A second person was noted as liking watching Formula 1 and cooking programmes on television. A third noted, 'left side paralyzed after stroke, help with lifting leg over threshold' and, 'wash every morning, shower two or three times a week, due to a history of falls make sure feet are flat on the floor before standing'. Another person had information in their care plan informing staff they ate their meals off a small spoon as they had swallowing problems and they liked their hair and make-up done each day.

People said they would know how to make a complaint and we read the complaints policy was provided to people in their care contract. One person said, "I would and I could complain." A relative told us they had been given information about complaints and said they would feel able to raise a concern if they needed to. The registered provider told us they had received no formal complaints since our last inspection.

People were supported to access external activities if they wished to. One relative told us, "They (staff) take him out to a garden centre for an hour; it makes his day." The registered manager told us staff took other people to their day centre, shopping or on outings. This was confirmed by a relative.

## Is the service well-led?

### Our findings

At our inspection in September 2017 we identified a lack of good governance in relation to the agency. This included a lack of reviewing and auditing care records by staff, medicines records, carrying out spot checks on both staff and for people who received the care or asking for feedback from people. We found at this inspection this was a continued issue. Despite us notifying the registered manager of our inspection six days before we arrived, the registered manager struggled to find some paperwork for us. There was a mixture of paperwork in a cupboard and other stored on their desk. Information relating to people was stored in plastic wallets in a haphazard way, with some sheets being stored loosely which meant they could easily get separated from a person's file.

There was a lack of robust management oversight of the agency and the registered manager did not demonstrate a commitment of ensuring that they met their statutory requirements of registration. People's care records were not contemporaneous and some were missing. The registered manager told us, "It's because I'm lazy and rubbish at paperwork." They explained the lack of one care plan, saying "[Name of person] has no paperwork because social services have not decided who she belongs to." However, the registered manager failed to understand their responsibility to ensure this person had a care plan to protect both the person and themselves. The registered manager told us at the end of our inspection, "I will get on to those two care plans over the weekend." We asked them to send us evidence that this had been done by 17 September 2018, however they failed to do so.

There was a lack of quality assurance carried out to check that the agency was providing appropriate care to people. There was no evidence that even though the registered manager collected daily records and MAR sheets from people's homes that they reviewed this information. Spot checks on staff were not carried out routinely or recorded. The registered manager told us, "I am always with the staff but I don't write anything down." They also told us, "In relation to infection control, I can't actually check anything especially with the live-in staff. But I know the live-out staff use protective equipment as I deliver them all the time." The registered manager had developed a survey questionnaire but had yet to send this out to people. We did however see one review visit to a person who had commented, "All girls have been super."

Although the registered provider had received a lot of support from the local authority there had been a breakdown in the relationship which had resulted in a failure to work with this external agency to drive performance and improvement.

The lack of good governance processes was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered provider had however worked with NHS continuing care and they had made some small improvements since the last inspection. They showed us a copy of writing daily records guidance they had developed and circulated to staff. They had also developed a risk assessment form in conjunction with the fire service to be used if someone smoked or was at risk of fire. Staff ID cards had been produced and given to staff.

We did receive some positive feedback about the relationship the registered manager had with people, relatives and staff. A relative told us, "I speak to (registered manager) from time to time. Sometimes she'll be able to accommodate the changes for me, other times not." Another said, "She's very approachable." A person said, "[Registered manager] always brings a new staff member to me first so I can meet them – she always has done." A staff member said, "I am absolutely happy working for the agency." Another told us, "[Registered manager] is very good and she supports me when I have to ask for advice."

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care  The registered provider had failed to ensure they were working towards person-centred care.
Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent  The registered provider had failed to comply with the principals of the Mental Capacity Act 2005.
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The registered provider had failed to provide safe care and treatment.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  The registered provider had failed to recruit staff through a robust recruitment process.

This section is primarily information for the provider

## Enforcement actions

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

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The registered provider failed to have robust governance arrangements in place.

### The enforcement action we took:

We have issued a warning notice to the registered provider in respect of this Regulation. We have set timescales in which the registered provider must become compliant.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  The registered provider failed to provide sufficient training and supervision to staff.

### The enforcement action we took:

We have issued a warning notice to the registered provider in respect of this Regulation. We have set timescales in which the registered provider must become compliant.