

Pembroke Care (Reading) Limited

Pembroke Care (Reading)

Domiciliary Services

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 well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Pembroke Care (Reading) Domiciliary services is a domiciliary care agency. It provides personal care and support to people living in their own homes or assisted living houses and flats. At the time of the inspection 11 people were using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

Risks to people's safety were not always fully assessed and documented in their care plans.

People's medicines were not always managed safely. PRN protocols were not in place for people who were prescribed 'as required' medicines.

Records of staff training were incomplete. They did not include information about how often training should be completed or when staff training was due. We have made a recommendation the provider improves their records of staff training to ensure they are complete and accurate.

There were shortfalls in governance and leadership. Systems and processes were not in place to ensure the provider maintained a detailed oversight of the service and of the necessary improvements needed to ensure quality and safety for people living there. There was a lack of evidence to demonstrate people's feedback was sought and acted upon and to demonstrate staff reflected on practice to improve care delivery.

People were protected from the risk of abuse and there were sufficient numbers of staff to ensure people received continuous care from staff they knew. People were protected from the risk of acquiring an infection.

People's needs, choices and preferences were assessed and regularly reviewed and updated. Staff completed training to help them meet people's needs. People were supported to maintain a healthy diet and adequate fluid intake. Staff worked collaboratively with external professionals to help meet people's health and wellbeing needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was good (published 8 January 2020). At this inspection the service has been rated requires improvement.

Why we inspected

The inspection was prompted in part due to concerns received about an incident of abuse perpetrated against a person by a staff member. As a result we undertook a focussed inspection to review the key questions of safe, effective and well-led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this full report.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Pembroke Care (Reading) Limited on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified breaches in relation to safe care and treatment, staff training, and good governance. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Pembroke Care (Reading) Domiciliary Services

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service short notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. We visited the location's office and visited people in their homes on 23 May 2023.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We liaised with the local authority safeguarding team. We reviewed notifications and information we held about the service. We used all this information to plan our inspection.

During the inspection

We spoke with 3 people who used the service about their experience of care and support provided. We spoke with 2 deputy managers, the care manager and 3 members of care staff. We reviewed a range of records. This included 4 people's care and support plans, 4 people's medicines administration records (MARs), 4 staff recruitment files, supervision records for 4 staff, the provider's business continuity plan, the staff training matrix and the provider's policies for equal opportunities, duty of candour, medicines management and staff training. A variety of records relating to the management of the service were also reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement.

Requires improvement: This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- People's medicines were not always managed safely.
- The providers medicines audits were not effective in identifying errors and discrepancies in people's medicines administration records (MARs). In one person's MAR, staff had used the code 'F' to indicate medicines had not been taken by the person. Staff had failed to document the reason for this. In MARs for 2 other people staff had used this code incorrectly when a medicine was not required to be taken. The care manager stated they did not complete monthly audits of people's MARs and so had not identified this issue.
- Some people needed medicines on an 'as needed' or PRN basis. There were not protocols in people's care records to provide instruction to staff on how to assess when people needed these medicines and how to administer them safely. This placed people at risk of harm through not receiving their medicines as prescribed.

The registered person had failed to manage medicines safely. This was a breach of regulation 12(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

- Risks to people were not always effectively assessed and monitored by staff.
- One person who was at risk of falls lived in a house which also had a swimming pool in the grounds. There was no risk assessment in the person's care plan or guidance for staff to help mitigate this risk.
- Another person had also been identified as being at risk of falls. There was no risk assessment in the person's care plan to provide guidance to staff about how to manage this risk.
- There were no fire risk assessments in people's care plans to provide guidance for staff on how to evacuate people safely in the event of a fire.

We recommend the provider ensures up to date risk assessments are in place for people.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and people told us they felt safe whilst being supported by staff
- Staff were able to clearly describe signs of abuse and reporting procedures they should follow to keep people safe. Staff reported concerns to the local authority safeguarding teams.

Staffing and recruitment

- People received care from staff who had been through a thorough recruitment process.
- Staff files showed relevant pre-employment checks were completed as part of the recruitment process, including proof of identity, references, employment history with explanations for gaps in employment, and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.
- There were enough staff to meet people's needs and provide continuity of support.

Preventing and controlling infection

- People were protected from the risk of acquiring an infection by trained staff with access to sufficient personal protective equipment (PPE) such as gloves, masks and aprons.

Learning lessons when things go wrong

- The provider kept a record of accidents and incidents and any actions taken to prevent recurrences.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA

- People were supported to have maximum choice and control in their lives by staff. However, there was a lack of evidence to show the provider had recorded people's consent to receiving care and support. None of the care plans we reviewed contained consent forms signed by people.

We recommend the provider ensures they maintain up to date records of people's consent to receiving care and support.

- People we spoke with told us staff always sought their consent before providing support. We observed staff interacting with people in a respectful manner, continually checking if they were happy with what was happening.

- Staff we spoke with demonstrated a detailed knowledge of the MCA and its applications when providing care and support.

Staff support: induction, training, skills and experience

- People were supported by staff who had completed an induction to their role. This included a period of shadowing experienced staff members before working unsupervised. However, the provider's staff training matrix did not evidence if staff were up to date with their training or when refresher training was due. This placed people at risk of receiving care and support from staff who were not suitably trained to fulfil their

roles.

We recommend the provider ensures records of staff training are accurate and up to date.

- People told us they felt staff had the skills to provide individualised care. One person said, "I think they're wonderful".
- Staff had been trained to support people with medical needs such as Parkinson's, epilepsy and swallowing difficulties.
- Staff received regular supervision. They told us they felt comfortable approaching the senior team if they wished to complete any additional training relevant to their role.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs, choices and preferences were assessed by staff using evidence based tools before they delivered care and support. These assessments were used to develop personalised care plans to enable staff to give individualised support to people.
- Care plans included information about people's medical needs, social needs, and whether they required support with washing, dressing, eating and drinking. Care plans were regularly reviewed and updated as and when people's needs changed.
- Staff liaised with professionals from health and social care to help ensure people's needs were met.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to maintain a healthy diet and drink enough fluids. People's care plans contained guidance for staff about how they should support people to prepare meals and snacks.
- Staff used evidence based tools to monitor people's weight and take appropriate actions if people were not a healthy weight.
- People were regularly invited to the provider's residential home if they wished to socialise and share meals with their friends. People's families were also welcomed and offered meals with their loved ones.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- Staff worked collaboratively with professionals from health and social care to help people maintain their health and wellbeing.
- People's needs were reviewed regularly, and staff referred to external professionals such as chiropodists, GPs and nurses as needed.
- People's care plans contained up to date and relevant information about their health and wellbeing needs to ensure staff had sufficient guidance to support them.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider's systems for monitoring quality and safety in the service were not always effective. Although the senior management team used some audits to monitor the service there was no overall action plan. This meant the provider did not maintain a sufficiently detailed oversight of the service and any improvements which needed to be made.
- The provider's audits for managing medicines were not effective in identifying errors and areas for improvement in staff's practice. They had failed to identify the discrepancies in people's medicines administration records.
- The management team completed staff medicines competency assessments to identify areas for improvement. However, they told us they had not kept records of the assessments.
- The staff training matrix had not been used effectively to identify staff training which was due to be refreshed. The matrix did not contain details of when refresher training was due, or an overall percentage of staff who were up to date with their training.
- The provider had failed to identify the lack of risk assessments for 2 people.
- There was a lack of evidence to demonstrate the provider analysed accidents and incidents to identify trends and themes to prevent recurrences.
- In addition, following an incident of abuse the provider had failed to conduct a sufficiently robust investigation to prevent a recurrence and safeguard people from harm.

The registered person had not established an effective system to enable them to ensure compliance with their legal obligations and the regulations. This was a breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People were not always involved in how the service was run. The provider had not sought any feedback from people about their views on the quality and suitability of care and support delivered.

We recommend the provider seeks regular feedback from people about how the service is run.

- People told us they were happy with how the service was managed. They told us they felt the senior team

were approachable.

- Staff meetings were used by the senior team to reflect on practice and raise any issues which needed to be addressed.
- Staff told us the registered manager and senior team were supportive, approachable and responsive to any queries or issues they raised.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibilities under the duty of candour when something went wrong.

Working in partnership with others

- Staff worked in partnership with professionals from health and social care to support people's access to a range of services to meet their health and wellbeing needs.
- People's care plans contained evidence they had accessed a number of specialist health care services as needed.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met</p> <p>The registered person had failed to manage medicines safely.</p> <p>Regulation 12(2)(g)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>How the regulation was not being met</p> <p>The registered person failed to not establish an effective system to enable them to ensure compliance with their legal obligations and the regulations.</p> <p>Regulation 17(1)</p>