Penrose Care Ltd

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Inspection report

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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

This inspection took place on 2 June 2015 and was announced. We gave the provider 48 hours' notice of this inspection to ensure that the registered manager would be available to support us with the inspection process. At our last inspection of the service, carried out on 20 May 2014, the service was meeting the regulations that were looked at during that time.

Penrose Care Ltd is a small domiciliary care agency that provides personal care and support to older people in their own home in and around North London. People receiving a service included those with physical disabilities, learning disabilities, acquired brain injuries and health issues relating to the progression of age. At the time of this inspection the agency was providing a service to seven people. The agency provided a variety of visits ranging from a minimum of ninety minute calls to waking nights and sleep in's depending on people's individual needs. In addition to the provision of personal care as a regulated activity, the agency also provides additional services which include companionship, domestic support, support with shopping and escort services.

During our visit the registered manager was present. 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.

People and relatives that we spoke with were highly complementary of the service that they received. They spoke very highly of the registered manager and the care staff team that supported them. Care staff were aware of people's individual needs and how they were to meet those needs. People and relatives also commented on how responsive the service was with regards to providing additional care even at short notice.

The agency had a number of policies and procedures which were available to help ensure people were protected from abuse and the risk of abuse. These included risk assessments that considered people's individual potential risks, a robust recruitment process, staff training and guidance and direction on how to identify abuse and the actions to take if abuse was to be suspected.

The agency ensured that care staff were equipped with the skills and knowledge needed to deliver high quality care. A number of methods were used to deliver the training which included face to face training as well as on the job experience alongside a more senior and experienced care staff.
The registered manager also told us about an innovative and dynamic training project which they had developed based on feedback they had received from people using their service. The programmed looked at training and developing the fine skills of its care staff in order to meet the more holistic needs of the people who used the service.

Care staff told us they enjoyed working for the agency and felt well-supported by the registered manager.

Care staff received regular supervision as well as group reflective supervision conducted by one of the directors of the agency.

Penrose Care Ltd believes that to ensure people who use the service received continuity of care and a high quality of service, care staff should be trained well and should receive an appropriate wage which takes into consideration the type of work they do and the amount of time it takes them to travel between people's homes. With this in mind the agency paid its care staff according to the living wage and also for the time they spent travelling.

We saw suitable and safe arrangements in place in relation to the administration and recording of medicines.

People received personalised care that was responsive to their needs. Care plans were person centred, detailed and specific to each person and their support needs. Care plans were reviewed on a regular basis. People and relatives confirmed that they were consulted and their care preferences were reflected within the care plan.

People were supported to make their own choices and decisions where possible. The registered manager and the care staff team were highly knowledgeable to the requirements of the Mental Capacity Act 2005 (MCA) and how this applied when supporting people. Care staff were able to demonstrate a good understanding on how to obtain consent from people and were able to provide examples. They understood the need to respect a person's choice and decision where they had the capacity to do so.

People and relatives confirmed that they received regular carers who had developed positive and caring relationships with the people they supported. People and relatives felt that they were treated with respect and dignity. We were told that although staff were present to support people they also encouraged and promoted people to build their independent living skills.

People receiving a service and relatives that we spoke with shared a very good relationship with the registered manager. They felt able to raise concerns or issues and also give suggestions for improvement and were assured that these would be addressed by the registered manager. The agency had a number of quality assurance systems in place which included spot checks, feedback questionnaires and weekly audits of the daily recording notes.

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. Policies and procedures were in place to ensure people were protected from abuse or the risk of abuse.

Risk assessments completed were detailed and specific to the person's individual needs and requirements.

Safe processes were in place in relation to the administration and recording of medicines.

Robust recruitment processes were adhered to, to ensure that only suitable staff were recruited.

Is the service effective?

Good

The service was effective. Based on feedback received people using the service, the agency had designed an innovative and bespoke training programme which would skill staff in specific areas relating to housekeeping and household management in order to meet the more holistic needs of the people receiving care.

The agency ensured that care staff were equipped with the skills and knowledge needed to deliver high quality care. Supervisions were carried out on a regular basis and staff confirmed that they felt supported by the registered manager.

People had access to health and social care professionals to make sure that they received appropriate care and treatment.

People told us that they had consented to the care that they received. Care plans that we looked at confirmed this and had been signed by either people themselves and where they were unable to sign relatives had signed on their behalf. The registered manager and the care staff team demonstrated a good understanding of the principles of the Mental Capacity Act 2005 (MCA).

Is the service caring?

Good

The service was caring. Extremely positive feedback was given when we spoke with people and their relatives about the care

and support that they received.

Care plans were very detailed and person centred and gave care staff a detailed insight into the care needs of the person they were to support.
People and relatives were pleased about the consistency of their care workers and felt that their care was provided in the way they wanted it to be.

Care staff always arrived on time and would stay their full allocated time if not more where required.

Is the service responsive?

Good

The service was responsive. Care plans were detailed and contained information that was specific to the person's needs and requirements. We found that people and relatives were actively engaged in making decisions about their care.

People and relatives confirmed that the service was very responsive to any changes to the care and support that people required and would always accommodate last minute requests for additional support.

Complaints and concerns were listened to and acted upon. People and relatives were encouraged to provide feedback about the quality of the service they had received. We observed that all complaints and concerns were dealt with in an open, transparent and honest manner.

Is the service well-led?

Good

The leadership and management of the service was outstanding. The registered manager and directors of the agency promoted a positive working environment for all of its care staff team as well as ensuring that people's needs were at the centre of the service that they provided.

People and relatives were confident in the way that the service was managed and told us that the registered manager was always available and accessible.

The registered manager and directors were very committed to the human rights of care staff and ensuring suitable and appropriate working conditions for its frontline care staff.

The registered manager had a number of quality assurance systems in place to enable the agency to monitor and continually improve the quality of the service.

The provider had established links with local, national as well as international social care professionals with a view to consulting, reflecting, sharing and improving the provision of good and ethical home care services within the community.

Penrose Care Limited

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 inspection took place on 2 June 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available to support us with the inspection process.

The inspection team consisted of one inspector. Before we visited the service we checked the information that we held about the service and the service provider including notifications and incidents affecting the safety and well-being of people. The agency had maintained close working relationships with a number of health care professionals whom we contacted to obtain their views about the service.

During the inspection we visited two people at their home, spoke with three relatives, the registered manager and three care staff. We reviewed a range of records about people's care and how the service was managed. These included care plans for four people, three care staff files, medicine administration records, staff training records, quality surveys and a range of policies and procedures.

Good

Is the service safe?

Our findings

When asked if people felt safe with care staff that supported them, one person told us, "I feel safe." Relatives that we spoke with also confirmed that they felt that the people who received care and support from Penrose Care Ltd were safe. One relative told us, "If anything untoward was to happen the care staff would report it immediately and [the registered manager] will get on top of it."

A safeguarding policy was available which outlined the different types of abuse and the actions to be taken if abuse was suspected to have taken place. Safeguarding training formed part of the induction training that care staff were required to attend prior to providing care and support and certificates that we saw confirmed that care staff members had attended the course. Care workers that we spoke with were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. One care staff member told us, "My first port of call is [the registered manager]. If I want to go above the manager, I would speak to one of the directors." Another staff member said, "If I were to see any signs of abuse I would report it to the manager."

The service had not received any safeguarding concerns over the last 12 months which directly involved the agency or its care staff. The registered manager understood their responsibilities in relation to reporting any concerns and was pro-active in communicating with the local authority or the Care Quality Commission (CQC) if and when required.

Care staff understood the meaning of the term 'whistle-blowing and to whom this must be reported to. Staff were aware that they could report their concerns to the local safeguarding authority or to the CQC. Within the office a selection of one page summary posters were displayed which provided care staff with prompts and directions in topics such as safeguarding, whistleblowing , complaints and the MCA.

The agency carried out detailed assessments to assess the risks associated with people's care and support needs and gave information and guidance to care staff on how to reduce and mitigate risks that had been identified. Areas that were assessed included environmental risks and risks associated with health and safety. The agency also identified 'special' risks which included falling while walking, fainting, forgetting medicines and reticence to eat. Alongside the risks that had been identified, details of mitigating measures had been recorded. In one care plan we noted that where a person was at risk of falls whilst walking, care staff had been given guidance on how to walk alongside the person to reduce the risk of them falling.

In another care plan that we looked at, the agency had provided clear guidance and assessment techniques to follow when moving and handling a person especially after a fall. This included information for the care staff to take into consideration in relation to how heavy the person was, whether they were strong and healthy to move them, whether they required help from another person, whether there was enough space around them to move the person and if there were any obstacles. Once assessed if the care staff had decided to move the person, the agency had provided advice for the care staff which included never to lift above shoulder height, making sure their feet were stable, keeping their back straight and knees bent when lifting.

Care staff were very aware of people's potential risks and how this impacted on the care and support that they were required to provide. One care staff member told us, "I support people's choices. I explain the risks to the people I support but if they still want to carry on with the activity or task I support them with this." One person also commented, "The care staff will tell me if I am doing something risky and whether I understand the risks. They will advise me not to do the task or activity as it may not be safe and there may be possible consequences, but they won't stop me."

All accidents and incidents were recorded on the daily recording sheet. A specific section at the bottom of daily recording notes was available for the care staff to record in if an incident had taken place. The registered manager was notified immediately and a photo of the daily recording sheet was taken and sent to the registered manager so to enable records to be kept centrally within the office as soon as the incident had taken place. The registered manager showed us an incident overview which detailed each incident that had taken place and the actions that had been taken. The registered manager gave us an example of a person who was constantly fainting. Based on the information they had been given they were able to note particular trends and referred their concerns to the GP. On further investigation it was confirmed that the reason behind the person fainting was caused due to a specific health condition.

We saw that the numbers of staff available were able to meet the needs of the people that they were providing a service to. People were allocated a regular and consistent team of care staff members who were able to cover staff annual leave and sickness. People and relatives confirmed this. One relative told us, "We have one regular carer and when that staff member is off we have another regular carer provide cover." Another relative said, "The care staff are really well informed about dementia. Continuity really helps [my relative]."

Prior to the provision of any service and the management of rota's, the agency calculated the distance a care staff member would need to travel between calls and how long this would take them. Based on this calculation the agency not only allocated adequate travel time but also paid care staff for their travel time. The agency also allocated some extra time as a buffer, in anticipation that a care staff may need to stay extra time at one call, which then ensured that they still had enough time to get to their next call. People and relatives we spoke with confirmed that they have never had any issues with care staff and their timekeeping. One person told us, "The care staff have never been late to my knowledge. If I need them a bit longer they [care staff] will stay a bit longer, they are quite flexible." One relative stated, "If [name of relative] has fainted, care staff won't just say that they have to go, the care staff would be with her until a replacement arrived."

The agency had an electronic monitoring system in place whereby all people receiving a service were provided with a credit card type card which would be kept in the home. Care staff were provided with password encrypted mobile phones which they would use to tap the card when they entered the home and tap again when they left. This logged the time the carer attended to the call and the total time spent. Alongside this care staff were also required to log their timings on the daily recording sheets just in case the system had not worked. Daily record sheets that we looked at evidenced this.

We looked at three care staff files and saw evidence that appropriate and safe recruitment checks had been undertaken. These included a criminal records check, proof of identity and obtaining suitable references. The registered manager explained the recruitment process included the care staff to attend two interviews. During these interviews the registered manager would assess potential care staff personalities and attitudes especially in relation to the post that they have applied for to gain assurance that this person was suitable for the post. Once employment was confirmed care staff were given a fixed hours contract dependent on their availability whether the agency was able to provide work or not. The registered manager told us that when there was no care and support work available, care staff were asked to support the office with

administration or attend St John's Hospice for voluntary work. A representative from St John's Hospice told us, "All of the health care assistants that came to us were very good and worked to a very high standard. They were professional, punctual and excellent communicators. They had good working practice. I felt assured that they were capable to provide and deliver care to our vulnerable patients without supervision."

Relatives spoke highly of how care staff managed and supported people with their medicines. One relative explained, "The care staff support with medicines during the day. They are really good with that. They have the Medicine Administration Record (MAR) – they are very religious about that. They take it seriously and there is no sloppiness." Medicines were managed safely by the agency and the care staff. A medicine policy was available to support staff and to ensure that medicines were managed in accordance with current regulations and guidance. The agency had developed its own MAR sheet which care staff were required to sign once medicines had been administered. Care staff that we spoke with and records that we looked at evidenced that carers had been trained and competencies assessed in the administration of medicine.

Good

Is the service effective?

Our findings

People and relatives told us that they found the care workers to be very well trained and skilled in their work. One person said, "Yes! They are skilled and knowledgeable." One relative told us, "Penrose Care Ltd take great care with the training of their staff. They have looked at the training they receive and it fits in with [name of relative]." Another relative said, "Yes, I do believe the staff are skilled and trained especially with being caring and just being really respectful."
Everyone that we spoke with was happy with the care staff team that provided care and support to them and felt that care staff had been well matched to the person who required support. On the day of the inspection we observed that one care staff member, who was to be introduced to a new person, had been asked to come in to the office to read the care plan to gain initial insight into the care and support that the person required. After this had taken place the registered manager had arranged with the family of the person receiving care for the newly allocated care staff to meet the person and shadow the regular carer for a certain period of time.

All staff that we spoke with said that they were fully supported by the registered manager and were encouraged and felt able to access training when required. One care staff member told us, "The registered manager asks you do you need more training and is always open to when I need more training." Another care staff member said, "I am able to choose the training I want and they [Penrose Care Ltd] will pay for it." A third care staff member explained, "The training has been really informative. I have attended 11 to 12 courses including first aid, medicine and moving and handling. This has been through face to face and online training."

As part of the inspection the registered manager explained the different types of training that staff were required to undertake once their employment had been confirmed. All care staff were paid to attend any training that was required. An initial half day induction was delivered which provided an introduction to the agency, its policies, procedures and values. Care staff were then required to attend a one day training course which delivered training in line with the outcomes as per the care certificate. The care certificate is a training course that covers the minimum expected standards that care staff should hold in relation to the delivery of care and support. In addition to this all care staff attended an accredited one day first aid course. To compliment this care staff also completed on line interactive sessions in topics such as safeguarding, MCA, fire safety, food safety and infection control. Following the completion of these courses care staff were then enrolled to complete the care certificate which they would work through over a three to four month period.

In addition and alongside the above training newly appointed care staff were required to complete a minimum of 30 hours shadowing period where all care staff members were required to shadow more experienced senior staff before they were able to work with people independently. One care staff had required more than 30 hours shadowing and the registered manager had made arrangement for this to take place. One care staff member told us, "The shadowing period has given me time to build my confidence."

The registered manager also told us about an innovative and bespoke training project which they had developed based on feedback that they had received from a person using their service. The programme

would look at training and developing the fine skills of its care staff in order to meet the more holistic needs of the people who used the service. Relatives that we spoke with told us that they had also been informed of this training project and their feedback, ideas and suggestions were taken into account. Based on the information that had been provided the agency had contacted a hospitality college and had developed this bespoke training programme which would cover areas that were not normally covered as part of standard health and social care qualifications. Areas that the training would address included household management, housekeeping, finance management and fire safety. This included areas in which people needed most assistance but were not covered under any existing training regime which meant the people and providers would have to rely on pre-existing skills of its care staff which may not exist or are of varying degrees of competency.

The agency had tried to obtain funding to drive this project forward and had been successful with their bid, however the funding was withdrawn which meant the agency was unable to go forward with its proposal. However, even though funding had not been secured, the agency through the support of one of the company directors delivered elements of the training project through group supervision sessions to help change the mind sets of care staff in relation to household management and housekeeping skills.

The agencies ultimate goal still remained, through this unique idea and working in conjunction with people using their service, to develop a specialist training course delivered to all care staff as part of their mandatory training schedule. One relative, who was aware of this initiative, was able to describe to us what this training initiative would mean for people using the service and explained that it was the little additional things that care staff did for people that made a difference. For example, additional aspects of housekeeping that did not form part of the person's care plan or planning and scheduling for appointments. People's positive feedback was also reflected through the provider's spot check process whereby people scored the service higher than previous spot checks after being part of this intervention.

Care staff told us and records showed that all staff received regular supervision and also received an appraisal as part of their professional development programme. Supervisions consisted of one to one sessions every three months and group reflective sessions. Supervisions were seen to be an opportunity to discuss any issues and talking these through. Supervision records that we looked at covered topics such as rota issues, personal development, service user feedback and timekeeping. In addition to an annual appraisal, all care staff also took part in an annual performance development programme which identified and discussed with care staff areas where further training and development may be required.

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.

The agency had policies and procedures in relation to the MCA. Mental capacity assessments were completed for people as part of the pre-admission assessment. Questions around capacity were structured around the assumption that people had capacity and asked people the level of decision making support required. If the agency assessed that someone was deemed to lack capacity then a referral was made to the GP, professionals and the family in order to formally assess capacity and discuss any best interest decisions that may be required. The registered manager and care staff demonstrated a good level of understanding of the MCA and how this impacted on the care and support that they provided. Training records that we looked at confirmed that care staff had received training about the MCA. One care staff member told us, "I always think that people have capacity. If I note a temporary loss of capacity, I get the registered manager involved

who then involved the family, GP and social worker." Another staff member stated, "The MCA is about the ability to make their own decisions."

People told us that they had consented to the care that they received. Care plans that we looked at confirmed this. Care plans had been signed by the person receiving care and where they were unable to sign the care plan had been signed by a relative.

People were supported at mealtimes to access food and drink of their choice. The support that people received varied and depended on peoples individual circumstances. Some people lived with family members who prepared and supported people with their meals. Some people lived on their own and so care staff would help prepare or heat up a pre-prepared meal and ensure that these people always had access to fluids throughout the day.

Care staff were required to complete food and fluid charts for all the people they supported especially if assistance was given in relation to providing food and drinks. During our visit to people in their own home, records that we looked at confirmed that care staff were completing these.

For one person who was at risk of choking and dysphasia, care staff were knowledgeable in how to support this person. One care staff that we spoke with was able to describe the risks associated with choking and dysphasia and was able to describe the methods used to support this person. Relatives of this person also confirmed that staff very aware of the risks. They confirmed that instructions were available within the person's home on how to prepare this person's meals and how to support them during mealtime.

The registered manager and care staff were available to support people with their health care needs where required. People's care plans and daily recording notes included evidence of when the agency had supported them to access the GP, district nurses and other health professionals. The registered manager also told us their working relationship with an independent physiotherapy services. Where the agency identified that a person using their service would possibly benefit from physiotherapy, the agency would contact the physiotherapy service and would pay the initial assessment fee for the service. Once a person had the assessment and felt they wished to continue with physiotherapy they could enter an arrangement with the service and request further sessions on a private basis. For one person who took part in this programme and as a result of the intervention their level of mobility improved significantly. The programme has since been rolled out to a further two people using the service.

Good

Is the service caring?

Our findings

People and relatives could not speak highly enough of the care that they received from Penrose Care Ltd. One person told us, "They are very good." One relative said, "I have been very impressed with the care." A second relative told us, "I can't speak more highly of them. It's a great blessing as she is receiving the best care possible." A third relative stated, "I think they are fantastic."

Positive and caring relationships had been developed with people and their relatives. The registered manager and care staff were very involved and knew each one of the people that they provided a service to in detail. People and relatives also confirmed that they received care and support from regular and consistent care staff whom they had got to know and built meaningful relationships with. During the inspection we observed the registered manager to be communicating professionally and in a caring manner with people and their relatives. The registered manager was very passionate about providing the best care possible and making a difference to people's lives. This dedication and passion was passed on to the care staff that worked for Penrose Care Ltd and when we spoke with them this was very evident. One care staff member told us, "Working for Penrose is amazing considering this is the first time I have worked in care." One relative told us, "Care staff dovetail very well with [Name of person] needs."

Care plans were person centred and detailed. Three care plans that we looked at gave information about the person, their preferred name, their religion, any allergies and their sexual orientation. People and relatives confirmed that care staff knew the people they were caring for well and took into consideration their preferences and personal histories when delivering care and support. One relative said, "They take [Name of person] regularly to church." One care staff member stated, "The care plan gives you all the information you need to know."

People and their relatives told us that they were very involved in the delivery of their care. Everyone that we spoke with told us that the registered managed maintained regular contact with them and that if they required any changes to the care plan, that these were done immediately and recorded within the care plan on a one page document called 'Ad Hoc Changes'. Any changes recorded on this form were signed by the agency and the person requesting the change or their relative. One care staff told us, "We are all included in the care planning process."

Care staff understood the importance of maintaining people's independence and were very keen to ensure that this was at the forefront of any care and support that they provided to people. One care staff said "I am always making sure that I'm thinking about my client's independence." Relatives feedback included, "The care staff are really stimulating [my relative]." Care plans were structured around each person and the activities of daily living where support was required. This included dressing, grooming and personal care. Each activity was assessed with the following questions: independent, needs help, dependent and requires support or independent but may require support on an ad hoc basis. Guidance was then provided to care staff depending on the outcome of the assessment.

Care workers were respectful of people's privacy and ensuring that their privacy and dignity was maintained

at all times. Care staff told us that they gave people privacy whilst supporting them with aspects of their personal care. One care staff told us, "I cover them when supporting them with personal care and I would not talk to other people about my clients." Another care staff told us, "When supporting my client with personal care I am always making sure that I am communicating with him and clothing him as we go." One person described receiving care as, "Receiving care in a non-patronising way. It's about dignity and respect and how to maintain that. Penrose carers do this."

Good

Is the service responsive?

Our findings

People told us that their care and support had been planned proactively in partnership with them and their relatives. The registered manager carried out an initial assessment to identify people's support needs. The assessment looked at people's medical history, what they were hoping to achieve using the home care service, a brief biographical sketch of the person and who were the most important people in the person's life. The assessment also included details of the person's religious beliefs, food and drink preferences and a health assessment which looked at the person's mood, pain and sleep needs. This detailed assessment gave care staff an in-depth insight into the person who they were supporting, their likes and dislikes and how they wished to be supported.

Once the care plan had been composed we saw evidence that these were reviewed on a regular basis. The registered manager carried out regular reviews depending on the complexity of the person and the support they received. We saw evidence that people and their relatives had been involved with the review process and review documentation had been signed either by the person receiving care or their relative. One person, when asked about the review process told us, "Yes, they review my care plan and if my needs change they are very flexible to my needs."

People received personalised care that was responsive to their individual needs and preferences. People and their relatives told us that the agency was responsive in changing the times of their visit and accommodating last minute additional calls when required. One relative stated, "Every time I ask for extra time or if need a last minute additional call, they [Penrose Care Ltd] are quite responsive to my needs." A second relative told us, "They try to take her out as much as possible and they accommodate her." A third relative commented, "They really do think about different things to do and have been very enterprising."

As part of the delivery of care and support, care staff completed daily record notes detailing the time they started providing care, the time they left and details of the support provided throughout the duration of the call. We looked at a sample of daily record notes and found them to be very person centred. Recording was not just about the tasks that were undertaken but also included details of conversations that had taken place between people and care staff as well as arrangements that had been agreed for the next visit.

Each care staff member had been provided with a company mobile phone which was password protected and security encrypted. The agency had set up real time messaging groups for each person using the service and the team of care staff that supported them. Each person was referenced by initials only in order to maintain data protection. These messaging groups were used as a real time communication method where care staff could inform the team of any incidents that had occurred or where the registered manager could provide feedback after a spot check had taken place and if any actions were required as a result. The registered manager told us that this allowed the service to be responsive to people's needs especially if something urgent needed to be reported or where urgent action was required. Through this communication method care staff were also required to take a photo of the daily record notes and send it to the registered manager on a daily basis so that these notes could be checked and stored electronically.

People and relatives were happy with the care that they received and felt comfortable in raising any concerns or issues that they may have with the registered manager. One relative told us, "If we have any complaints we are able to tell [the registered manager]. If [name of person] has concerns she is also able to report it." Another relative said, "As soon as I speak to him [registered manager] he will act on it."

The agency had a complaints policy in place and procedures had been set for receiving, handling and responding to comments and complaints. The agency viewed receiving concerns and complaints as a method in which improvements to service provision could be made. The registered manager had a complaints overview which listed all the complaints and concerns that the service had received since providing domiciliary care services. Complaints that had been received were more minor concerns which had been resolved immediately. However, regardless of whether the complaints were minor concerns the registered manager had logged details of these concerns and the actions that had been taken. The registered manager had also written to the complainant apologising for the complaint that had been raised and with actions of how the agency would make improvements to prevent re-occurrence. In addition to this the registered manager would also either call the care staff team relevant or send them a message outlining the concerns and the actions that needed to be taken.

Good

Is the service well-led?

Our findings

The registered manager was well known by all the people using the service as well as their relatives and maintained regular contact with them. They had developed a positive, caring and professional relationship with people. On the day of the inspection we observed the communication between the registered manager, people and relatives. One relative told us, "[Name of registered manager] always keeps us informed. Communication is excellent." A second relative told us, [Name of registered manager] is always so quick off the mark, they have a 'No problem' attitude. I think he has got a real heart for care."

One person told us when talking about whether they were happy with the care they received and how they chose the care agency whom they wanted to deliver their care, "I interviewed [Name of registered manager]. It's a shame most agencies can't be like Penrose." The person explained that they wanted to be sure that they commissioned the right agency to deliver their care that was tailored to meet their needs.

We received positive feedback from external professionals, which included a representative from St John's Hospice and a nurse, who were very complimentary about the registered manager and the service Penrose Care Ltd provided. One professional wrote, "I do know [Name of registered manager]. He is very courteous and has been keen to maintain links with our community. Communication has been of a high standard and I have not experienced any problems whilst dealing with him." Another professional stated, "I have met him once – highly approachable, flexible to the client's needs and understanding of any concerns raised."

Staff that we spoke with were equally complimentary about the registered manager and working for the agency. One staff member told us, "[Name of registered manager] is a really good boss. He is 24 hours so if you need or have any problem you can always call him." A second care staff member stated, "The manager is very easy to talk to. Very supportive." A third care staff member explained, "I had a couple of interviews. [Name of registered manager] was very encouraging. The first thing he told me in my interview was 'I'm here 24 hours whatever you need, whenever you need I am available'. They have a very supportive infrastructure. My experience in care has been really challenging to begin with and if I didn't have the support I did I would have walked."

There was a positive and sustained culture at Penrose Care Ltd which was open, encouraging and empowering. Staff told us they enjoyed working with the agency and felt valued and motivated by the management. Staff told us that they were very well supported by the registered manager and that they received regular support and advice through phone calls, text messages, supervisions, team meetings and group supervisions. One care staff member told us, "We work together as a team. We have meetings with the team. You never feel alone." Another staff member said, "We have meetings and discuss and learn from each other."

The registered manager told us that they were also well supported by the directors and received regular supervision and the opportunity for continued professional development. The registered manager was currently completing a nationally recognised qualification at management level within health and social care. A contingency plan was also in place for if the registered manager was unavailable due to unforeseen

circumstances to ensure the continuity of care provision at all times.

Team meetings were held on a regular basis and we saw minutes of these meetings confirming this. The registered manager told us that their aim was to hold these meetings on a monthly basis. Two different sessions were held within one day so that staff had the flexibility to attend and contribute to the sessions that fit in around their working rota. Agenda items included recording and notes, case client load and team communication. As part of these meetings, one of the directors held reflective supervision sessions with the group. The director held a qualification in creative approaches to supervision. As part of the reflective supervision sessions the director would use innovative methods to help change the mind sets of care staff which included props and activities to demonstrate and highlight ways of working especially with regards to household management and housekeeping skill.

The agency had looked at practical and different ways of communicating with care staff who worked in the community to make sure they were informed of any changes to the service, knew about best practice and could share views and information. The registered manager used real time messaging through the mobile phone as a method of maintaining regular contact with the team as well as team meetings and supervision sessions.

The registered manager explained that people receiving services and the care staff delivering care were the most valued and respected elements of the agency and its beliefs. The agency has been a living wage employer since it began providing a service in 2012 and was one of the first four home care organisations in the United Kingdom to be an accredited as such. The living wage is a voluntary hourly rate set independently and updated annually. The living wage is calculated according to the basic cost of living in the UK. The registered manager explained that paying care staff at this higher level was a way to broaden the talent pool to attract and keep the staff they wanted. The impact of these practises meant that people received consistent and continuity of care from the same team of care staff whom the people receiving care had got to know and built positive relationships with. Care staff are also paid for their travel time, are part of an occupational sick pay scheme and are guaranteed a minimum number of hours of work per week as the agency chooses not to use zero hour contracts.

People and relatives were regularly asked their opinions about the quality of care they or the person being cared for received. The registered manager not only maintained regular informal contact with people and their relatives but also carried out regular announced and unannounced spot checks to review the quality of the service provided. Spot checks and reviews were carried out twice a year for low risk clients and three to four times a year for high risk or more complex cases. The provider used a rating system when obtaining feedback from the people who received care and support. People were asked to rate the service from 1 to 5 where 1 was the worst score and 5 was the best. The most recent spot checks seen during the inspection found that the average rating that the service had been awarded was in excess of 4.5 which was a positive view of the quality of service that Penrose Care provides. The spot checks also included reviewing the care records kept at person's home to ensure they were appropriately completed and reflected any changes that had taken place.

In addition to spot checks the registered manager also audited daily record notes on a weekly basis. These checks were undertaken to ensure that care staff were appropriately completing and recording when a care visit had been completed. Care staff were also required, as an additional measure to the electronic system, to log their timings of when they arrived and the time of when they finished the call.

The agency also obtained the views of people, relatives and professionals that they worked with through

quality questionnaires. Surveys were sent out an on an annual basis with the most recent being sent in January 2016 for the previous year. The survey questions that people were asked to comment on followed the key lines of enquiries set by the CQC and asked questions which included, "Do you feel safe with your Penrose care support worker?" and "Are our services effective in assisting you in achieving your goals in purchasing home care service?" People were asked to give a star rating about how they viewed the overall quality of service that was provided. The most recent surveys that we looked at were very positive where people had rated the service on average 4 out 5 stars.

When we spoke with relatives about the survey, one relative told us, "We received a quality survey a couple of months ago. I do give him [registered manager] feedback, we do communicate." We looked at a sample of completed questionnaires which were very positive. One person had written on their survey, "As a social and health care professional and now as a receiver of care, Penrose have set the benchmark of high quality care which is provided with dignity and respect and meets my needs." One professional had written, "These guys really care! Seldom seen in business so it is refreshing to see with Penrose."

Care staff members were also required to complete annual employee satisfaction surveys with the latest completed in April 2016. One care staff member when asked about whether they felt that the agency was a good employer and whether they felt supported by management had written, "Yes, I feel that Penrose provide a staff and client centred service and the management is open to listening to concerns."

The registered manager told us about a number of government led initiatives that they had been involved over the last few years which saw them being involved in consultation, research and reflective practices on issues and topics which had a direct link to the provision of home care services in the community. This involvement gave the service opportunity to reflect and improve their own practices around the care and support that they provided to people.

In addition to the links Penrose Care holds with agencies such as St John's Hospice, local and national social care bodies, relatives also told us that Penrose Care Ltd had a great presence within the local community. One relative told us, "I always receive very good feedback from members of the community who see him [Name of person receiving care] with the carers." Not only did we see evidence of the agency being involved with the local community, the registered manager also told us about their involvement with international agencies. In 2015, the agency had a visit from a group of Japanese Government delegates who visited to learn about the ways in which they delivered unique care, using an innovative ethical approach as outlined in the Citizens UK's Social Care Charter. Citizens UK are an organisation building a movement to improve social care and achieve a better deal for care recipients and care workers.

The service received very positive feedback from a local councillor as well as from the Japanese delegation in relation to the visit. The local councillor stated, "Penrose Care is a valued local business with an inspiring model of ethical care that is challenging the homecare industry to re-think their models of service provision. As someone who worked as a carer for five years, I'm so proud to support their work. I hope that their approach will help the Japanese Government to develop new ways of working that allow the elderly to live out their lives with dignity." A member of the Japanese delegation commented, "We found that Penrose Care's vision is very clear and innovative. In Japan, home care is also very important and we also have a lot to do to improve our system. Today's meeting is very productive and I would like to thank Penrose Care again." Due to the success of these visits and partnership working, two further visits took place in 2016.