

Palm Tree Home Care Limited

Palm Tree Home Care Limited

Inspection report

79 Upper Manor Road
Paignton
Devon
TQ3 2TH

Tel: 07900571239

Date of inspection visit:
03 May 2023

Date of publication:
16 June 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Palm Tree Home Care Limited is a domiciliary care service, supporting adults in the community who require assistance with personal care. 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. At the time of our inspection there were 77 people receiving personal care.

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

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 supported this practice. People felt safe and supported by staff in their homes. Comments included, "[Person's name] is incredibly happy with Palm Tree. Their usual carer is very professional and caring and never makes them feel rushed. They were nervous about having care, but the carers put their mind at rest. There is a high standard of care from everyone" and "It's like having a good reliable friend that comes to visit. You look forward to seeing them and you know they will always do their best. They even sit and chat afterwards if they have time – that means a lot."

Staff demonstrated an understanding of what might constitute abuse and knew how to report any concerns they might have.

People's individual risks were identified, and risk assessment reviews were carried out to identify ways to keep people safe.

Medicines were managed as necessary.

Effective infection control measures were in place.

People confirmed that staffing arrangements met their needs. They were happy with staff timekeeping and confirmed they always stayed the allotted time. Staffing arrangements matched the support commissioned and staff skills were integral to this to suit people's needs. Where a person's needs increased or decreased, staffing was adjusted accordingly.

There were effective staff recruitment and selection processes in place. People received effective care and support from a regular, small team of staff who were well trained and competent.

Care files were personalised to reflect people's personal preferences. Their views and suggestions were taken into account to improve the service.

Health and social care professionals were regularly involved in people's care to ensure they received the care and treatment which was right for them.

Staff and management relationships with people were caring and supportive. Staff provided care that was kind and compassionate.

Staff spoke positively about communication and how the registered manager worked well with them, valuing their work and encouraging their professional development.

A number of methods were used to assess the quality and safety of the service people received. The service made continuous improvements in response to their findings.

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

Rating at last inspection

The last rating for this service was Good (published 27 January 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service and length of time since the last inspection. We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Palm Tree Home Care Limited

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 and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was a registered manager in post

Notice of inspection

We gave the service 48 hours' 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.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. We used all this information to plan our inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

During the inspection

We spoke with the provider/registered manager, acting manager, office manager and senior care worker. We looked at a variety of records relating to the care and support provided. This included 3 care files and 3 staff files in relation to recruitment, and various audits/reports relating to the quality and safety of the service. We requested a variety of records were sent to us relating to staff training and regards the management of the service. We visited one person receiving a service with their consent in their own home. After our visit we received feedback from 3 health professionals and 9 staff. We spoke to 7 people who received a service and 8 relatives on the telephone. We continued to seek clarification from the provider to validate evidence found.

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. The rating for this key question has remained Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The registered manager said they visited people at home prior to receiving a service, and pre-assessments were carried out to ensure the service could meet their needs. For example, when people returned from hospital another home assessment was completed to ensure they were up to date. One relative confirmed, "There was a full risk assessment at the beginning of the service and there have been a few changes since."
- People's individual risks were identified, and the necessary risk assessment reviews were carried out to keep people safe. For example, risk assessments had been carried out for moving and handling, falls and skin care. Each person receiving care had detailed risk assessments.
- All staff felt confident they had enough information to meet peoples' needs. Care plans were detailed and person-centred, for example, "Once the bath is full, I would like the carer to assist me into the bath and help to wash my back (I am able to wash the rest of me). Once getting out of the bath, I would like the carer to dry my back for me and I am able to dry the rest of me."
- Staff commented, "I believe people are cared for well, we gain how much information as possible and if anything changes, I believe communication is good within Palm Tree and things are updated as soon as we get it" and "The job is good by having good communication which we have as a team, brilliant training that gets set for us all the time having that opportunity to learn more skills. We are all well cared for as an employee and the manager goes above and beyond. I always hear positive feedback and we get a lot of information about the clients we care for from either their care plan, the manager, on the app (private online group) or other staff members."
- People and relatives all said they felt confident they or their loved one was safe. One health professional feedback about one person receiving support who said, "[Person's name] is incredibly happy with Palm Tree. Their usual carer is very professional and caring and never makes them feel rushed. They were nervous about having care, but the carers put their mind at rest. There is a high standard of care from everyone."
- Risk management considered people's physical and mental health needs and showed that measures to manage risk were as least restrictive as possible. This included ensuring necessary equipment was available from other services to increase a person's independence and ability to take informed risks.
- There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. For example, care plans and risk assessments were updated. Where incidents had taken place, actions had been taken in line with the service's policies and procedures. The registered manager gave us examples of how the service worked closely with people and their families to ensure they were safe and well, and for support if there had been an incident. The involvement of other health and social care professionals was requested, where needed, to review people's plans of care and treatment. One health professional said, "Wherever possible, Palm Tree have gone above and beyond in order to maintain our client's safety, when [a fluctuating medical condition] is in play, they have kept me informed every step of the way, including today. The team have been a great support to the client, and they always talk highly of

their carers."

Systems and processes to safeguard people from the risk of abuse

- People and relatives felt safe and supported by staff in their homes. Comments included, "It's like having a good reliable friend that comes to visit. You look forward to seeing them and you know they will always do their best. They even sit and chat afterwards if they have time – that means a lot" and "Safety is very important to them, and I know [person's name] is in good hands."
- Staff demonstrated an understanding of what might constitute abuse and knew how to report any concerns they might have. For example, staff knew how to report concerns within the organisation and externally, such as to the local authority, police and the Care Quality Commission (CQC).
- Staff had received safeguarding training to ensure they had up to date information about the protection of vulnerable people. Staff felt they had received enough training and said, "We have all the training we need and know how to keep people safe. Recently we had a client who became poorly and with great teamwork and support we were able to get them the care they needed. Some staff had not experienced a [named medical condition] but our supportive manager ensured that all staff gained access to extra training. This has also made the client feel more at ease and less anxious about their recent health changes."
- The registered manager demonstrated an understanding of their safeguarding role and responsibilities. They explained the importance of working closely with commissioners, the local authority and relevant health and social care professionals on an on-going basis. We heard examples where they had raised safeguarding alerts externally to keep people safe. There were clear policies for staff to follow. Staff confirmed they knew about the safeguarding adults' policy and procedure and where to locate it if needed.

Staffing and recruitment

- People confirmed that staffing arrangements met their needs. They were happy with staff timekeeping and confirmed they always stayed the allotted time. Good communication between the service and people receiving the service managed expectations well. The registered manager gave examples where staff had been re-deployed to ensure people were supported through unexpected health concerns or hospital admissions requiring additional time. One relative said, "[Person's name]'s mobility is limited, and they have had falls. The carers have called an ambulance for them on more than one occasion and they always stay with him."
- Staff confirmed people's needs were met and felt there were sufficient staffing numbers. The registered manager explained staffing arrangements matched the support commissioned and people were matched with staff who had the skills to meet their individual needs. People received support from a small consistent staff team. This ensured people were able to build up trusting relationships with staff who knew their needs and new staff were introduced to people. People and relatives said, "They have been coming here a long time and there are a good team of regular [carers]" and "There are about 4 or 5 different carers who come to me, but I know them all and they all treat me the same."
- Where a person's needs increased or decreased, staffing was adjusted accordingly. The service had on-call arrangements for staff to contact if concerns were evident during their shift and they needed additional support. All staff spoke highly of the support they received. Contingency plans were in place to deal with adverse weather conditions and the Covid-19 pandemic.
- There were effective recruitment and selection processes in place. Staff had completed application forms and interviews had been undertaken. In addition, pre-employment checks, which included references from previous employers and Disclosure and Barring Service (DBS) checks, were completed. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received varying levels of staff support when taking their medicines. For example, from prompting through to administration.
- Staff had received medicine training and competency assessments to ensure they were competent to carry out this task. Staff confirmed they were confident supporting people with their medicines. The registered manager checked medicine practice whilst working with staff in the community and via records and regular audits. This was to ensure staff were administering medicines correctly. For example, medicine body maps were used to ensure medicine delivered via skin patches was placed correctly.

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff had received training in the MCA and understood how this worked in practice.
- Before people received any care and treatment they were asked for their consent and staff acted in accordance with their wishes. People's individual wishes were acted upon, such as how they wanted their personal care delivered.
- People's legal rights were protected because staff knew how to support people if they did not have the mental capacity to make decisions for themselves. People's capacity to make decisions about their care and support were assessed on an on-going basis in line with the Mental Capacity Act (MCA) (2005).

Preventing and controlling infection

- Staff had received training in infection control. This helped them to follow good hygiene practices during care and support. People said staff were following good personal protective equipment (PPE) guidelines in relation to the COVID-19 pandemic. They said staff were happy to continue to wear masks if that was what people wanted for example.
- The provider supplied staff with masks, gloves and aprons to use when supporting people with their personal care. This helped to minimise the risk of infections spreading.
- Palm Tree Home Care circulated regular updates to staff on preventing infection and COVID-19, along with any new legislation/guidelines that would affect the way they worked. This ensured they followed best practice in order to keep people safe. Peoples' comments included, ""Uniforms, PPE, you wouldn't catch them without all that. You never have to ask (them to put it on)."

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. The rating for this key question has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Systems were in place to monitor the quality and safety of the service. Audits were completed on a regular basis. These checks reviewed people's care plans and risk assessments, medicines, incidents, accidents and health and safety. This enabled any trends to be spotted to ensure the service was meeting the requirements and needs of people being supported. Where actions were needed, these had been followed up. For example, care plans and risk assessments updated and involvement of relevant health and social care professionals.
- There was good oversight of how the service was being provided. Spot checks were conducted on a random but regular basis. These enabled management to ensure staff were arriving on time and supporting people appropriately in a kind and caring way. People and relatives said, "Palm Tree know we are over the moon with the service they provide. Out of all the caring companies we have had, they are by far the best", "Every member of staff is thoughtful, kind and do more than they should. We are so lucky to have them" and "The [registered manager] calls to make sure I am ok occasionally. She does it when she has time as I like to talk. They are always very patient with me."
- The service was open, honest and transparent with people when things went wrong. The registered manager recognised their responsibilities under the duty of candour requirements and followed the service policies.
- The service had notified CQC in full about any significant events at the service. We use this information to monitor the service and ensure they respond appropriately to keep people safe.

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

- Staff spoke positively about communication and how the provider/registered manager worked well with them, encouraged team working and an open person-centred culture. All staff were very complimentary about the support they received from the registered manager. Staff commented, "We are treated with respect, a really kind employer, I'm genuinely really happy working for Palm Tree, the clients and management are genuinely amazing!", "[The registered manager] is very supportive of her staff and will be there at all times to help and support us. I cannot say enough about how much my boss has done for me but I will be there for my clients and her at all times" and "We get little bonuses throughout the year. Little

personal gifts left at our doors for Christmas, Easter, Birthdays to say thank you for all the hard work we have done and how much we are appreciated."

- Staff confirmed they were kept up to date with things affecting the overall service via team meetings, memos and conversations on an on-going basis. There was a staff private online group which staff used to share information and gain support out in the community.
- People's equality, diversity and human rights were respected. The service's vision and values centred around the people they supported.
- People and relatives were regularly asked for their views. People were able to communicate via text also and we saw people often did to say thank you to staff. A recent staff survey was positive with staff commenting, "The company have got it right, we are like a family of all ages with an excellent manager."

Working in partnership with others

- The service worked with other health and social care professionals in line with people's specific needs. Staff commented communication between other agencies was good and enabled people's needs to be met. Care files showed evidence of professionals working together. For example, GPs and community nurses working with the service. Regular reviews took place to ensure people's current and changing needs were being met.
- Health professionals told us, "Support staff were easy to work with and always willing to take time to discuss any concerns and respond to questions. Our experience of dealing with Palm Tree Home Care has consistently been positive and they provide a good level of service to our client" and "Very happy with my dealings with Palm Tree Home Care and my clients who are with them seem very happy with the care that they provide too."
- The service promoted care work within the local community and many referrals were word of mouth. The shop front was decorated throughout the year with topical themes such as the Coronation and the registered manager said they hoped the public and staff found it welcoming. Staff were involved in local charity events and an over 50's association. The registered manager promoted the 'Proud to Care' Awards and two care workers had been nominated and won Silver Awards. Local authority meetings were attended monthly and Palm Tree were involved in the 'Greener Care' project to reduce travel by co-ordinating commissioning across the area.
- Provider Assessment & Market Management Solution (PAMMS) is a quality assurance monitoring tool. for providers to collaborate and improve service provision, through the collation and analysis of information between providers and the local authority. This had recently been completed and Palm Tree had achieved mostly 'Excellent' ratings. For example, in the domains of personalised care and support, safeguarding and safety, suitability of staff and quality of management.