

Palm 2 Palm Ltd

# Palm 2 Palm Care Services - Enfield

## Inspection report

Office 5, Ground Floor West  
Nicholas House, Riverfront  
Enfield  
EN1 3TF

Tel: 02038244303

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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

Palm 2 Palm Care Services – Enfield is a domiciliary care agency. The service provides support to older people, people living with Dementia and young adults in their own homes.

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 29 people using the service.

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

People received safe care from staff who knew them well. There were safeguarding policies in place and the registered manager and staff knew how to identify and report concerns.

Staff protected people from harm and followed risk assessments to ensure they were supported in a safe way. Medicines were managed safely.

Staff wore personal protective equipment (PPE), including face masks, when supporting people and were trained in infection control.

People's needs were fully assessed prior to the start of the care package. The provider ensured staff were trained to meet people's needs and kept them up to date with best practice guidance.

People's care needs and any equality characteristics were assessed. Care plans recorded how people's needs could be met and prevent discrimination.

People and their relatives told us staff who supported them were kind and caring and treated them with respect. Staff understood the importance of respecting people's diverse needs and promoting independence.

People had access to health and social care professionals where required in a timely way. People were supported by staff to maintain a balanced diet where this was part of their care package.

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. Staff were trained and supported to understand their roles and responsibilities.

The provider actively engaged with people and staff to be able to continuously learn, expand and improve the service they provided.

Auditing and quality assurance processes were in place to enable the service to identify where improvement was needed.

The service worked in partnership with other agencies to make sure people received the right care and support.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

This service was registered with us on 07 February 2022 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date of registration.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Palm 2 Palm Care Services – Enfield on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Palm 2 Palm Care Services - Enfield

## **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 1 inspector and 1 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 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 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.

Inspection activity started on 08 June 2023 and ended on 14 June 2023. We visited the location's office on 08 June 2023.

#### What we did before the inspection

We reviewed information we had received about the service since they registered with us. We sought feedback from the local authority and professionals who work with the service. 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. We used all this information to plan our inspection.

#### During the inspection

We spoke with the registered manager, a director, 1 field care supervisor and 2 care staff. We also spoke with 2 people and 9 relatives of people using the service.

We looked at a range of documents and written records including 5 people's care records, 3 staff recruitment records and information relating to staff training and the auditing and monitoring of service provision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

We continued to seek clarification from the provider to validate evidence found. We continued to look at records the registered manager shared with us.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to safeguard people from the risk of abuse.
- There was a safeguarding policy and procedure in place which included information about the local authority, relevant local contact details and how to report safeguarding concerns.
- Staff received training in safeguarding and were knowledgeable about the different types of abuse and how to report them.
- A relative told us, "I couldn't be happier, it gives us peace of mind."

Assessing risk, safety monitoring and management

- Risks to people's personal safety were assessed, monitored and managed effectively.
- Risk assessments considered risks associated with people's environment, their care and support, mobility and health conditions.
- Regular reviews took place and plans were updated to reflect any changes in people's needs.
- Staff told us risk assessments provided them with clear information about the risks people faced and how to manage them safely. Staff were confident about reporting any concerns about people's safety. A staff member said, "The risk assessment help to support people in the safest way possible."
- Staff ensured people were supported in a safe environment. If staff identified any new hazards, they knew to report them to the registered manager and, where applicable, to people and their relatives.
- The provider had a business contingency plan which provided information and guidance on actions staff should take in emergency situations.

Staffing and recruitment

- There were enough staff to meet people's needs safely. People received consistent care from staff who knew them well.
- People and relatives told us they were satisfied with their call times. The registered manager told us call times were kept under review and they worked with people to improve call times to their satisfaction.
- 1 person said, "Timekeeping is good and they always come."
- Safe recruitment processes were in place. These included pre-employment checks such as Disclosure and Barring Service (DBS) checks. 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 their medicines as they had been prescribed.

- A relative told us, "Yes, the carers give [person] their medication. [Person] has tablets, eye drops and cream. If there are any problems, they discuss it with me."
- People's medicines support needs for their individual medicines were assessed and recorded. Care plans described how staff would meet people's needs to take their medicines safely.
- Staff were trained, and their practice monitored to ensure it was safe. Competency assessments took place to help make sure that their medicine administration practice was safe. Regular spot checks took place which included a medicine observation.
- Records of medication administered were accurately maintained.
- Medicines records were regularly audited, and appropriate action was taken if any shortfalls or errors were identified.

#### Preventing and controlling infection

- Safe practices were followed to help prevent the spread of infection including those related to COVID-19.
- Staff wore personal protective equipment (PPE), including face masks, when supporting people with personal care. The service provided staff with the PPE they required and ensured it was properly disposed of after use.
- Staff were trained in infection control and had regular updates as necessary.
- The service followed government and CQC guidance on infection control and carried out infection control and COVID-19 risk assessments. Staff understood that people were at high risk of contracting COVID-19 due to their age and/or medical conditions and ensured they followed best practice in order to keep people safe.

#### Learning lessons when things go wrong

- Staff raised concerns and recorded incidents and near misses and this helped keep people safe.
- 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 as soon as any changes were noted.
- Actions had been taken in line with the service's policies and procedures. Where incidents had taken place, involvement of other health and social care professionals was requested where needed to review people's plans of care and treatment.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People received care and support in line with standards, guidance and the law. People's needs were holistically assessed to include their physical, mental and social needs.
- People's needs were assessed before they began using the service to ensure these could be met. If people were referred to the service in an emergency, assessments were carried out at the shortest delay possible. Following this staff wrote comprehensive personalised care plans and risk assessments for people.
- The service had clear policies and procedures in place to ensure people's health and social care needs were met.
- People and their relatives told us, "Yes, there is a care plan. I was here when they were doing it. So far, they do everything that's in the care plan, including washing [person's] hair once a week. For most people they do it in the morning but for her they do it at teatime because [person] is more alert then."

Staff support: induction, training, skills and experience

- Staff had the necessary skills, knowledge and experience to perform their roles.
- Staff completed the Care Certificate as part of their induction. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- New staff worked alongside experienced staff to ensure they could meet the needs of the people they supported.
- Staff completed a wide range of training courses including dementia care, mental health awareness, and equality and diversity. If specialised training was needed this was also provided.
- A relative told us, "The staff are caring for her very well, keeping her clean, doing her breakfast and lunch, checks what she has eaten and taken her medication. When the carer has gone [person] says I'm so glad we found her. For [person] to say that we know she is happy."

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

- People were supported to maintain a balanced diet. Where people received support with their meals and drinks their dietary preferences and any allergies were recorded in their care plans.
- Daily care records showed staff offered people choices to meet their preferences.
- Staff had been trained in food safety. This helped to ensure they provided effective care when people needed support with their meals and drinks.

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

- The service worked collaboratively with healthcare professionals. A range of professionals were involved in assessing, planning, implementing and evaluating people's care and treatment to ensure people received the right healthcare. Records confirmed this was the case for ongoing and emerging health issues.
- People were encouraged and supported to be as independent as possible in managing their own health, for example ringing for GP or district nurse appointments. If people were not able to manage their appointments, their family would usually do this, with staff supporting where necessary.
- Staff knew how to respond to people's specific health and social care needs. For example, recognising changes in a person's physical health.
- Staff recorded any concerns around people's health, if appointments had been requested or made and the outcomes.

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.

- The provider understood their responsibilities under the MCA and ensured staff were working within the principles of the MCA.
- People's capacity was considered at initial assessment and care staff were encouraged to support people to make their own decisions where they could.
- Staff were trained in the MCA and understood the importance of gaining consent from people and ensuring the care and support they received was in their best interests.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were respectful, kind and considerate towards people they supported and developed caring relationships with them. A relative said, "At first, we were nervous, but from the first day, it has been very comfortable as [person] had someone to talk with. [Staff member] is very gentle, kind, patient, caring but very professional. She makes [person] feel very respected."
- Staff were trained in equality, diversity and human rights, and respected people's individuality. The service assessed people's equality and diversity needs and ensured they were met. The multicultural staff team understood the importance of respecting people's beliefs and upholding their human rights.
- Staff told us they enjoyed supporting people and making a difference for them. Care records were written in a respectful and caring way and showed people and their relatives were central to any decisions made.
- People said, "The main carer that comes, I give them 10 out of 10. I have no qualms with the decisions she makes. She follows all my instructions."

Supporting people to express their views and be involved in making decisions about their care

- People were involved in their care and were supported by the provider to actively express their views.
- Staff told us they always obtained consent from people before commencing care. This promoted trusting relationships and created an environment where staff, people, and relatives felt comfortable to express their views.
- The registered manager communicated with people regularly and valued people's individual choices.
- People's views were respected. Care plans contained people's views on their care and daily care records showed people were asked for their preferences.

Respecting and promoting people's privacy, dignity and independence

- People told us they were supported with dignity and respect.
- Staff supported people to maintain their independence as much as possible. For example, a staff said, "I always try to encourage people to do what they can, for example, make a drink. If they can't, then I am there to support them."
- Staff were trained to provide discreet care and support. Where possible, people chose the gender of the staff supporting them.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care was person-centred and reflected people's choices and preferences.
- People's care plans were personalised and written from their perspective. They explained to staff what people would like them to do from when they first arrived at the person's home. They included people's preferences, for example, how they liked to dress and what they would like to eat and drink.
- People's care plans were comprehensive. They covered areas such as personal care, medicines, nutrition, and oral hygiene. Where people's relatives were involved in their care, care plans explained the breakdown of tasks, so staff and relatives could work in partnership with each other.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Care plans reflected people's communication needs and detailed what actions were required to ensure people's communication needs were met.
- For people who had difficulty with their vision, information and care plans were available in large print.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to avoid social isolation and encouraged to maintain links with family and friends. Where possible, timings of care calls were planned to help people attend social and cultural events. This helped prevent social isolation.
- Visits from staff helped people avoid social isolation. Staff we spoke with told us they enjoyed chatting to the people they cared for.

Improving care quality in response to complaints or concerns

- The provider had a clear complaints process and policy in place.
- At the time of the inspection no formal complaints had been received by the service.
- People we spoke with had no complaints or concerns, however they knew they could speak with the provider if they did and felt comfortable to do so.

## End of life care and support

- No one was receiving end of life care at the time of our inspection. The registered manager was aware of the importance of people being involved in planning their end of life care and said staff would receive relevant training and support in this area.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- We found there was an open culture within the service. The provider had a clear passion and commitment to providing a person-centred responsive service. Staff we spoke with shared this commitment.
- People were supported in a sensitive and kind manner. Feedback from relatives was positive and evidenced they felt included and listened to. People and their relatives spoke very positively about the registered manager, management team and staff. They told us, "They are very approachable. We haven't had any problems but I feel comfortable talking to both the manager and the staff. I trust the staff that if I left [person] with them she would be exactly the same whether I was there or not."

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 registered manager understood and acted on the duty of candour.
- The service apologised to people, and those important to them, when things went wrong.
- Staff gave honest information and suitable support and applied duty of candour where appropriate.
- The provider and registered manager understood and demonstrated compliance with regulatory and legislative requirements. They knew to notify CQC of incidents and events occurred at the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Roles and responsibilities for the management of the service and staff team were clear.
- The registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs and oversight of the service they managed.
- Risks and quality were assessed, monitored and audited. Checks were completed regularly to help inform the management team whether people received a good quality service. These checks helped to identify where improvements could be made and whether any trends and themes could be identified.
- Governance processes were effective and helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support.
- Staff understood their responsibilities, they were provided with job descriptions and had access to a range of policies and procedures relating to their work.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service engaged well with people who used the service, relatives and staff. A relative told us, " It is well managed."
- People's protected characteristics were considered and addressed. Staff told us, "Where clients have any specific cultural or religious needs, we always respect these and support them as much as possible."
- Staff felt well supported. A staff member said, "The managers are very supportive, and approachable."
- Regular sharing of information kept staff up to date with events. A mobile chat group ensured all staff were given updates and guidance in a timely way.

#### Continuous learning and improving care; Working in partnership with others

- The service was committed to continuous learning and improvement.
- A number of audits and checks provided information which was used to inform improvements to areas of work, such as record keeping and care delivery.
- Spot checks were completed with staff to help ensure they continued to provide care as required.
- Regular surveys were undertaken to gain feedback from people who used the service. Feedback was used to continuously improve the service.
- The service worked in partnership with other agencies to ensure people received care and support which was safe and met their needs.