

Pendrea Homecare

# Pendrea Home Care

## 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

We carried out this announced inspection on 14 and 15 March 2018. We gave the service 48 hours' notice of the inspection visit because the location provides a domiciliary care service and we needed to be sure that staff would be at the office. At the last inspection, in December 2015, the service was rated Good. At this inspection we found the service remained Good.

Pendrea Home Care provides personal care to people living in their own homes in the community. It provides a service to older adults in the Bodmin, Wadebridge, St Austell and Bude areas of Cornwall. This includes people with physical disabilities and dementia care needs. The service mainly provides personal care for people in short visits at key times of the day to help people get up in the morning, go to bed at night and support with meals. At the time of our inspection 60 people were receiving a personal care service. These services were funded either privately, through Cornwall Council or NHS funding.

People, and their relatives, told us they were happy with the care they received and believed it was a safe service. Staff treated people respectfully and asked people how they wanted their care and support to be provided. People and their relatives commented, "It makes me feel safe because of their kindness", "I am pleased with the care my husband has" and "The care is very good, they really look after me."

The management team ensured there were enough staff to safely meet people's needs by monitoring the care packages being delivered and only taking on new packages when enough suitably qualified staff were available. Staff rotas were planned in advance and staff were matched to the needs of the people using the service. People told us they received a reliable service and had regular staff who visited them. People had agreed the times of their visits and were kept informed of any changes. No one reported ever having had any missed visits. People told us, "It is a very reliable and good service", "They are always on time" and "They always phone if they are going to be late."

Staff were knowledgeable about the people they cared for and knew how to recognise if people's needs changed. Staff were aware of people's preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. People who needed help taking their medicines were appropriately supported by staff. Staff had received training in how to recognise and report abuse. All were clear about how to report any concerns and were confident that any allegations made would be fully investigated to help ensure people were protected.

Care plans provided staff with direction and guidance about how to meet people's individual needs and wishes. These care plans were regularly reviewed and any changes in people's needs were communicated to staff. Assessments were carried out to identify any risks to the person using the service and to the staff supporting them. This included any environmental risks in people's homes and any risks in relation to the care and support needs of the person.

People's rights were protected by staff who understood the Mental Capacity Act 2005 and how this applied

to their role. Nobody we spoke with said they felt they had been subject to any discriminatory practice for example on the grounds of their gender, race, sexuality, disability or age.

At the last inspection we found that recruitment checks on new staff were not always thorough or completed before new staff started to provide care for people. At this inspection the necessary improvements had been made and appropriate checks had been completed, before staff were employed, to ensure staff were suitable to work with vulnerable people.

Training records showed staff had been provided with all the necessary training which had been refreshed regularly. Staff told us they had "lots of training" and found the training to be beneficial to their role. Staff said they were encouraged to attend training to develop their skills, and their career. Staff completed a thorough induction programme prior to providing people's care. The Induction of new members of staff was effective and fully complied with the requirements of the Care Certificate.

Staff told us they enjoyed their work and were well supported through supervision, appraisals and training. In addition 'spot checks' by management were completed regularly to help ensure each member of staff was providing appropriate standards of care and support. Staff were complimentary about the management team and how they were supported to carry out their work. The management team were also clearly committed to providing a good service for people. Comments from staff included, "Pendrea is an amazing company to work for and you are given the opportunity to progress" and "You can speak with the manager anytime and the seniors are amazing. You get 100% support" and "You always feel you can speak with the manager."

There were robust systems in place to monitor the quality of the service provided and to seek people's views about the service. This helped the management team to be aware of any areas where improvements could be made and implement changes when necessary. The management welcomed feedback and used the results of surveys and any complaints to drive improvement. People told us they were regularly asked for their views about the quality of the service they received. People had details of how to raise a complaint and told us they would be happy to make a complaint if they needed to.

## 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 has improved to Good. There were robust recruitment practices in place to ensure staff were suitable to work with vulnerable people.

Staff knew how to recognise and report the signs of abuse. They knew the correct procedures to follow if they thought someone was being abused.

People were supported with their medicines in a safe way by staff who had been appropriately trained.

There were sufficient numbers of suitably qualified staff to meet the needs of people who used the service.

### Is the service effective?

Good ●

The service remains Good

### Is the service caring?

Good ●

The service remains Good

### Is the service responsive?

Good ●

The service remains Good

### Is the service well-led?

Good ●

The service remains Good

# Pendrea Home Care

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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.

The inspection of Pendrea Home Care took place on 14 and 15 March 2018. We gave the service 48 hours' notice of the inspection visit because the location provides a domiciliary care service and we needed to be sure that staff would be at the office. The inspection was carried out by one adult social care inspector and an expert by experience. An expert by experience is a person who has experience of using or caring for someone who uses this type of service. Their area of expertise was in older people's care.

We reviewed the Provider Information Record (PIR) and previous inspection reports before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We also reviewed the information we held about the service and notifications of incidents we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we went to the provider's office and spoke with the registered manager, deputy manager, care plan coordinator and two senior care staff. We looked at four records relating to the care of individuals, three staff recruitment files, staff duty rosters, staff training records and records relating to the running of the service.

We visited three people in their own homes, meeting a relative and two care staff. We had telephone conversations with a further five people and four relatives. Following the visit to the provider's office we spoke another three care staff.

# Is the service safe?

## Our findings

At the last inspection we found that recruitment checks on new staff were not always thorough or completed before new staff started to provide care for people. We were assured by the registered manager that they would improve the system immediately following the last inspection. As a result of this assurance we judged that the service was not in breach of the regulations.

At this inspection we checked to see if the necessary improvements to recruitment practices had been made. We found that staff recruitment files contained all the relevant recruitment checks to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks. There was also clear evidence that staff did not start to provide care for people until all the recruitment checks had been completed.

People, and their relatives, told us they were happy with the care they received and believed it was a safe service. People and their relatives commented, "It makes me feel safe because of their kindness", "I am pleased with the care my husband has" and "The care is very good, they really look after me."

Staff knew and understood their responsibilities to keep people safe and protect them from harm. They were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures inside and outside of the organisation. There was a safeguarding policy in place. Staff were aware of the policy and knew how to access it if they needed to. Safeguarding was covered during the induction process for new staff, and was refreshed regularly. The registered manager and provider were aware of their responsibilities and prepared to raise safeguarding concerns if they felt it necessary.

The management team ensured there were enough staff to safely meet people's needs by monitoring the care packages being delivered and only taking on new packages when enough suitably qualified staff were available. Staff rotas were planned in advance and staff were matched to the needs of the people using the service. Staff had regular 'runs' of visits in specific geographical areas and when gaps in 'runs' occurred these were identified. This enabled managers to know the area and times where new packages could be accepted.

Staff told us their rotas allowed for realistic travel time, which meant they arrived at people's homes as close to the agreed times as possible. If staff were delayed, because of traffic or needing to stay longer at their previous visit, management would always let people know or find a replacement care worker if necessary. People told us they had regular, reliable staff, they had agreed the times of their visits and were kept informed of any changes. No one reported ever having had any missed visits. People told us, "It is a very reliable and good service", "They are always on time" and "They always phone if they are going to be late."

There were suitable arrangements in place for people and staff to contact the service when the office was closed. The service provided people with information packs containing details of their agreed care and telephone numbers for the service so they could ring at any time should they have a query. People told us telephones were always answered, inside and outside of the hours the office was open.

Assessments were carried out to identify any risks to the person using the service and to the staff supporting them. This included any environmental risks in people's homes and any risks in relation to the care and support needs of the person. Individual risk assessments detailed the action staff should take to minimise the chance of harm occurring to people or staff. For example, staff were given guidance about environmental risks in the person's home, directions of how to find people's homes and entry instructions. Staff told us information about any potential risks, associated with the environment or the tasks to be undertaken, were given to them before they completed their first visit to people.

Staff were aware of the reporting process for any accidents or incidents that occurred and there was a system in place to record incidents. Records showed that appropriate action had been taken and where necessary changes had been made to reduce the risk of a re-occurrence of the incident.

People were safely supported with their medicines if required. The arrangements for the prompting and administration of medicines were robust. Care plans clearly stated what medicines were prescribed and the level of support people would need to take them. Medicine administration records (MAR) were kept of when people took their medicines. We saw these were completed appropriately and regularly audited by a manager. All staff had received training in the administration of medicines which was regularly refreshed. The service had a medicines policy which was accessible to staff.

## Is the service effective?

### Our findings

People's needs and choices were assessed prior to, or very shortly after, starting to use the service. This helped ensure people's needs and expectations could be met by Pendrea Home Care. People and their relatives told us staff knew people well and understood how to meet their needs. A relative said, "All the staff are so competent."

We found people received effective care because they were supported by a staff team who received regular training. Staff told us they were provided with relevant training which gave them the skills and knowledge to support people effectively. There was a programme to make sure staff received appropriate training and refresher training was kept up to date.

There were systems and processes in place to support staff working at Pendrea Home Care. This included regular support through one-to-one supervision, work based supervision and annual appraisals. This gave staff the opportunity to discuss working practices and identify any training or support needs. Staff told us they felt supported by the management. They confirmed they had regular one-to-one meetings and an annual appraisal to discuss their work and training needs.

The induction of new members of staff was effective and fully complied with the requirements of the Care Certificate. This included training identified as necessary for the service and familiarisation with the organisation's policies and procedures. There was also a period of working alongside more experienced staff until such a time as the worker felt confident to work alone. Staff told us they had shadowed other workers before they started to work on their own. People told us they were introduced to new staff before they supported them in their home.

Care plans recorded the times and duration of people's visits. People and their relatives told us they had agreed to the times of their visits. They also told us staff always stayed the full time of their agreed visits. Care records in people's homes showed that staff stayed for the agreed length of the visit.

Staff supported some people to access healthcare appointments if needed and liaised with health and social care professionals involved in their care if their health or support needs changed. This included healthcare professionals such as GPs, occupational therapists, dentists and district nurses to provide additional support when required. Care records showed staff shared information effectively with professionals and involved them appropriately.

Management and staff had a clear understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. 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. We checked whether the service was working within the principles of the MCA.

Staff applied the principles of the MCA in the way they cared for people and told us they always assumed people had mental capacity to make their own decisions. Staff told us they asked people for their consent before delivering care or support and they respected people's choice to refuse support. People told us they were able to control how their care was provided and that staff always asked for permission before providing care or support. Care records showed that people, or their legal representative, signed to give their consent to the care and support provided.

Where people did not have the capacity to make certain decisions the service acted in accordance with legal requirements. When decisions had been made on a person's behalf, the decision had been made in their best interest at a meeting involving key professionals and family where possible.

## Is the service caring?

### Our findings

Everyone we spoke with told us staff were caring in the way they supported them. Family members told us they were confident their relative received consistent care and support which did not discriminate against them in any way. People received care, as much as possible, from the same care worker or team of care workers. People and their relatives told us they were very happy with all of the staff and got on well with them. Comments included, "All the girls are absolutely lovely", "They are very good and give me lots of support", "Mum is cared for incredibly well" and "The staff are very understanding."

When we visited people in their homes we observed that staff provided kind and considerate support which was appropriate to each person's individual needs. Staff were friendly, patient and discreet when providing care for people. We found staff had a good knowledge and understanding of people, respected their wishes and provided care and support in line with those wishes. One person told us, "All the girls know me very well, what I like and don't like."

People told us staff always checked if they needed any other help before they finished the visit. For people who had limited ability to mobilise around their home staff ensured they had everything they needed within reach before they left. For example, drinks and snacks, telephones and alarms to call for assistance in an emergency.

Staff were clearly motivated and passionate about making a difference to people's lives. Comments from staff included, "Best job ever", "Every day is different" and "Good team, we all help each other."

Some people who used the service lived with a relative who was their unpaid carer. We found staff were respectful of the relative's role as the main carer. Relatives told us that staff always asked how they were coping and supported them with practical and emotional support where they could. The service recognised that supporting the family carer was important in helping people to continue to be cared for in their own home. A relative told us, "I look forward to staff coming because they have a laugh with me and it breaks up my day."

Care plans contained detailed information so staff were able to understand people's needs, likes and dislikes. People told us they knew about their care plans and a manager or senior care worker regularly asked them for their views on the service provided. Care plans detailed how people wished to be addressed and people told us staff spoke to them by their preferred name. For example, some people were happy for staff to call them by their first name and other people preferred to be addressed by their title and surname.

## Is the service responsive?

### Our findings

Each person had a care plan, which was personalised to them, and recorded details about their specific needs and how they would like to be supported. Details of people's daily routines were written in relation to each individual visit they received or for a specific activity. This helped staff to identify the information that related to the visit or activity they were completing. Each care plan included details of the person's background, life story, likes and interests as well information about their medical history. This information helped staff to understand how people's background effected who they are today and provided useful tips for staff on topics of conversation the person might enjoy.

People told us they were aware of their care plans and a member of the management team reviewed their care plan with them to ensure it was up to date. Staff told us care plans contained the information they needed to provide care and support for people. Any changes in people's needs were updated in their care plans and communicated to staff by phone, text messages or emails. Staff were encouraged to update the management team as people's needs changed and they told us that management always acted on any information given. Staff were knowledgeable about the people they cared for and knew how to recognise if people's needs changed. Staff were aware of people's preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service.

The service was flexible and responded to people's needs. People told us the service responded if they needed additional help, such as providing extra visits if they were unwell and needed more support, or responding in an emergency situation. People and their relatives told us, "If there is anything extra my husband want doing, they just do it" and "They can be very flexible with the visits to my mum."

Daily care records, kept in the folders in people's homes, were completed by staff at the end of each care visit. These recorded details of the care provided, food and drinks the person had consumed as well as information about any observed changes to the persons care needs. The records also included details of any advice provided by professionals and information about any observed changes to people's care and support needs.

The service worked closely with the local authority to provide timely support to people. The registered manager told us that if people's needs could not be met care packages were not accepted. Staff told us if they found people's visits were too long or too short this information was reported to the office so a reassessment of the person's needs could be undertaken. The registered manager told us there were good relationships in place with local health care professionals and with the local authority.

There were times when staff supported people at the end of their life. At the time of this inspection the service was not supporting anyone with end of life care. However, staff talked to us about situations where they had cared for people at the end of their life. This included working alongside community nurses to help ensure people experienced a comfortable and pain free death. Staff were clearly passionate about enabling people to remain comfortable in their familiar, homely surroundings and with their families.

People said they would not hesitate in speaking with staff if they had any concerns. People knew how to make a formal complaint if they needed to but felt that issues would usually be resolved informally. People told us they were able to tell the service if they did not want a particular care worker. Management respected these requests and arranged permanent replacements without the person feeling uncomfortable about making the request. The people we spoke with did not think they would be subject to discrimination, harassment or disadvantage if they made a complaint. Relatives also felt their concerns would be taken seriously.

## Is the service well-led?

### Our findings

There was a registered manager in post who had the overall responsibility for the day-to-day running of the service. 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 and associated Regulations about how the service is run.

There was a management structure in the service which provided clear lines of responsibility and accountability. The registered manager was supported, in the running of the service, by a management team that consisted of two deputy managers, two care plan coordinators and five senior care staff. Members of the management team were responsible for overseeing the care provision in specific geographical areas, including some working from a satellite office in Bude. All records were stored in the office in Bodmin and duplicate records were held in the Bude office for people using services in that area.

Within the management team there was a strong emphasis on valuing staff and providing good working conditions. Each staff member had a contract for a set number of hours per week. The contracts covered all the hours staff were actually working, which meant staff were paid for their travel time and to attend/complete training. Staff told us they enjoyed their work and were well supported through supervision, appraisals and training. Staff were complimentary about the management team and how they were supported to carry out their work. Comments from staff included, "Pendrea is an amazing company to work for and you are given the opportunity to progress" and "You can speak with the manager anytime and the seniors are amazing. You get 100% support" and "You always feel you can speak with the manager."

The organisation promoted equality and inclusion within its workforce. Staff were protected from discrimination and harassment and told us they had not experienced any discrimination. There was an Equality and Diversity policy in place in relation to staff. Staff were required to read this as part of the induction process. Systems were in place to ensure staff were protected from discrimination at work as set out in the Equality Act. For example, making reasonable adjustments to enable staff to complete training.

There were robust systems in place to monitor the quality of the service provided. Each member of the management team had audits they completed and the registered manager kept an overview of all the audits carried out. This helped the registered manager to be aware of any areas where improvements could be made and implement changes when necessary. The management welcomed feedback, from people, professionals and staff, and used the results of surveys and any complaints to drive improvement. People and their families told us someone from the office rang and visited them regularly to ask about their views of the service and review the care and support provided. The management team regularly worked alongside staff to monitor their practice. They also carried out unannounced spot checks of staff working to review the quality of the service provided. The spot checks also included reviewing the care records kept at the person's home to ensure they were appropriately completed.

People's care records were kept securely and confidentially, in line with the legal requirements. We asked for

a variety of records and documents during our inspection. Services are required to notify CQC of various events and incidents to allow us to monitor the service. The registered manager had ensured that notifications of such events had been submitted to CQC appropriately.