Penhellis Community Care Limited

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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

Penhellis Community Care provides personal care to people who live in their own homes throughout Cornwall. The service's registered office is in Helston where all care records are stored. An additional office in Liskeard provides support and management to staff in the east of the county.

At the time of our inspection on 7 and 8 March 2016 the service was providing care and support to approximately 650 predominantly older people. The service was previously inspected on 18 and 19 February when it was found to be fully compliant with the regulations.

The organisation was led by five directors, one of whom was the registered manager. 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.

People told us they felt safe and were well cared for by Penhellis Community Care. People's comments included; "I do feel safe" and "The carers are very good."

People who used the service were happy with the care they received but some people reported their staff did not consistently arrive on time. People told us that Penhellis Community Care headquarters would "usually" phone them if a care worker was going to be late which gave them reassurance that their visit would still continue. The registered manager was aware of these concerns and had taken appropriate action to resolve them where possible.

A call monitoring system was used to record staff arrival and departure times from each care visit. This information was monitored by office staff to ensure visits were not missed. In addition this data had been used to review the travel time required between consecutive care visits to ensure the care visit schedules were appropriate. Our analysis of call monitoring data, daily care records and staff visit schedules found care staff normally arrived on time and provided the planned care.

The service had robust and effective procedures in place to ensure that all planned care visits were provided. This included on-call management support, arrangements for additional staff to be available at short notice each weekend and a system for monitoring the provision of care visits in real time to ensure all visits were provided.

The service's visit schedules were well organised and at the time of our inspection there were a sufficient number of staff available to provide people's care visits in accordance with their preferences.

The registered manager and quality assurance manager were confident about the action to take if they had any safeguarding concerns and had liaised with the safeguarding teams as appropriate. Risk assessments clearly identified any risk and gave staff guidance on how to minimise the risk. They were designed to keep

people and staff safe while allowing people to develop and maintain their independence.

The service's systems for the induction of new members of staff were effective and fully complied with the requirements of the care certificate. Training was provided in accordance with the 15 fundamental standards. The service had commissioned a training academy to provide the induction and further training courses to their staff team. Staff said they were encouraged to attend training to develop their skills, and their career.

Staff received regular supervisions and annual performance appraisals. In addition 'spot checks' by managers were used regularly to confirm each member of staff was providing appropriate standards of care and support.

People were supported by stable and consistent staff teams who knew people well and had received training specific to their needs. People told us they were introduced to new staff before they supported them in their home. People confirmed they had consistent carers to support them and had built up positive relationships with staff.

People's care plans were detailed, personalised and provided staff with sufficient information to enable them to meet people's care needs. The care plans included objectives for the planned care that had been agreed between the service and the individual. All of the care plans we reviewed were up to date and accurately reflected each person's individual needs and wishes.

Penhellis Community Care had a complaints process and details of how to raise concerns was accessible to people, their relatives and staff. We reviewed the services complaint process and found that people's complaints were responded to promptly and that a full investigation into the concerns they had raised was undertaken. Some relatives told us they had raised concerns with the managers which were usually in respect of the timing of home visits. The majority felt that they were heard and that appropriate action was taken to resolve their issues.

From our conversations with staff, people and records we found that Penhellis Community Care management team provided effective leadership and support to the staff team. Staff told us they could approach their managers with any concerns or suggestions and felt they would be listened too.

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. Staff understood both the provider's and local authority's procedures for the reporting of suspected abuse.

The risk management procedures were robust and designed to protect both people and their staff from harm.

There were sufficient staff available to provide all planned care visits and the service's staff recruitment procedures were robust.

Is the service effective?

Good

The service was effective. Staff were well trained and there were appropriate procedures in place for the induction of new members of staff.

People's choices were respected and staff understood the requirements of the Mental Capacity Act.

Is the service caring?

Good

The service was caring. Staff were kind, compassionate and understood people's individual care needs.

People's privacy and dignity was respected.

Staff supported and encouraged people to maintain their independence

Is the service responsive?

Good

The service was responsive. People's care plans were detailed, personalised and provided staff with clear guidance on how to meet people's care needs.

People's care plans included personalised goals and staff supported and encouraged people to engage within the community.

There was a satisfactory complaints procedure in place.

Is the service well-led?

Good

The service was well led. The registered manager and directors had provided staff with effective leadership and support.

Quality assurance systems were appropriate and designed to drive improvements in the quality of care provided by the service.

Penhellis Community 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 7 and 8 March 2016 and was unannounced The inspection team consisted of two inspectors.

Prior to the inspection we reviewed information we held about the service and previous inspection reports. We also reviewed the notifications we had received. A notification is information about important events which the service is required to send us by law.

We spoke with 43 people who used the service, nine relatives, and 36 staff members. This included care staff, the registered manager, quality assurance manager, director, human resource manager and administrator. Penhellis Community Care commissioned a training company who we also spoke with. We inspected a range of records. These included fifteen care plans, ten staff files, training records, staff visit schedules, meeting minutes and the services policies and procedures.

Good

Is the service safe?

Our findings

People told us they felt safe while receiving care and support from Penhellis Community Care staff. People's comments included; "I do feel safe", "They look after me well." People's relatives were positive about the care their family member received. One said; "I have no concerns about my husband's care."

Staff fully understood their role in protecting people from avoidable harm. All staff had received training on the safeguarding of adults and were able to explain how they would respond to any incident of suspected abuse. Staff said they would immediately report any concern to their manager who, they were confident, would take appropriate actions to protect the person. Staff understood the role of the local authority in the safeguarding of vulnerable adults and contact information was available in the service's staff handbook. We reviewed the services safeguarding policy and found it had been recently updated to reflect changes in the local authorities safeguarding procedures.

People's care plans included risk assessment documentation. These assessments had been completed as part of the care assessment process and provided staff with guidance on how to protect both the person and themselves from each identified risk. The risk assessments had been regularly reviewed and updated to reflect any changes to identified risks as part of the care plan review process.

The provider had appropriate procedures in place for use during periods of adverse weather and other emergencies. Four wheel drive vehicles were available for staff transportation. The staff team lived throughout the services area of operation and there were procedures in place for prioritising care visits based on each person's specific needs during periods of adverse weather. Office staff understood these procedures and described how they had worked effectively in the past.

Where accidents, incident or near misses had occurred these had been reported to the services managers and documented in the services accident book. All accident and incidents had been fully investigated and, where necessary, procedures and risk assessments were reviewed and updated in light of each incident to reduce the likelihood of a similar incident reoccurring.

The service used a telephone based electronic call monitoring system to record staff arrival and departure times from each care visit. This information was monitored by office staff responsible for ensuring that all planned care visits were provided each day. This system also provided increased protection to lone working staff as the service was able to track in real time the care visits staff had
provided. People told us they had never experienced a missed care visit. During our reviews of care plans, daily care records and call monitoring information we did not identify any occasions where planned care visits had been missed.

Staff and people told us that on occasions home visits may be later than their scheduled time, but their visit was never missed. This was due to staff sickness, travel difficulties or because the care staff needed to remain at the previous person's home due to an emergency situation. Most people were accepting of this but it could have an impact for some people. For example for people who had to attend health

appointments. We discussed this with the registered manager and Quality Assurance manager who reassured us they were constantly monitoring the timing of visits.

The service operated an effective on call system with two on call managers available from 5pm to 9am Monday to Friday in both offices. At the weekend two on call managers were contactable by phone. On call managers were able to access call monitoring information from home and were responsible for ensuring all planned visits had been provided at the end of each evening. We reviewed the service's call monitoring records for the week of our inspection and found all planned care visits had been provided. Office staff monitored the call monitoring information in real time to ensure people's needs were met and all planned care visits had been provided. This ensured that managers were able to identify quickly if any visits were missed or late and resolve the situation.

The service employed sufficient staff so that peoples care needs could be met in the community. Recruitment processes for new members of care staff were robust. References had been reviewed and necessary Disclosure and Baring Service checks had been completed before new members of staff provided care visits.

All staff were provided with photographic identification badges to enable people to confirm the identity of carers who they did not know. However, people said new carers were normally introduced by a member of staff who they already knew.

The service had appropriate infection control procedures in place and personal protective equipment was available to staff from the services office. Staff told us; "We pick up gloves and aprons from the office when we need them."

Staff had received training on how to support people to manage their medicines. The service generally supported people with medicines by prompting or reminding people to take their medicines. A 'medicines assessment' document was completed by the person and manager which detailed who collected and disposed of their medicines. It also clarified if care staff needed to prompt the person to take their medicines and what further assistance was required. For example if care staff needed to undo tablet bottles. Staff recorded if the person had taken their medicines or not. This was monitored by managers and we noted that when a person had not taken their medicines the manager informed relevant health and social care agencies so that appropriate action could be taken.

We saw there were systems in place to enable staff to collect items of shopping for the people they supported. Staff felt the systems were robust, as did the people they supported and their relatives. We reviewed care documentation and risk assessments which confirmed appropriate systems were in place and consent had been gained by all appropriate parties.

Good

Is the service effective?

Our findings

People consistently told us that care staff met their care needs in a competent manner. Relatives also commented that care staff were very knowledgeable and "skilled."

People received care and support from staff that were well trained and supported and knew their needs and preferences well. The registered manager, quality assurance manager, directors and team leaders all shared the view that Penhellis Community Care staff were committed to their work, and were motivated to provide high quality care. Comments from care staff included; "I love my job" and "We are a good team, we do provide good care to people."

The new care certificate had been fully integrated into the staff induction process. Staff received training in all of the 15 fundamental standards of care during their probationary period. The service commissioned a training academy to provide the care certificate and diploma training plus courses identified as necessary for the service, such as moving and handling, safeguarding and medicines training. Records showed that newly employed staff had completed their induction and gained the care certificate successfully. All staff were encouraged and supported to complete the level two care diploma once they had successfully completed their induction.

Staff told us the induction was comprehensive and useful. The induction consisted of training, followed by shadowing and observing the care provided by an experienced member of care staff. New staff initially worked alongside more experienced care staff to provide support to people who required assistance from two members of care staff. New members of staff were 'spot checked' and the quality of their care provision assessed before they were permitted to provide care independently. Care staff told us they were not expected to provide care independently until they felt confident to do so. The quality assurance manager told us new staff members would not visit people on their own until they had assessed the staff member as being competent in their role.

We met with a representative from the training academy and records showed staff had received training in a variety of topics including, manual handling, safeguarding adults, tissue viability and, dementia. Additional training to meet peoples' specific needs in relation to their heath conditions had been provided. Staff told us; "The training has been really good." Staff explained they were able to request additional training in specific areas that they found particularly interesting. For example stroke awareness and neurological conditions. Staff said they were encouraged to attend further training to strengthen their skills and knowledge.

Staff received regular three monthly supervisions and annual performance appraisals. In addition 'spot checks' by managers were used regularly to confirm each member of staff was providing appropriate standards of care and support.

Team meetings were held regularly for area based care teams. The minutes of these meetings showed they

had provided staff with an opportunity to share information about people's care needs and discuss any changes within the organisation. Where appropriate, meetings of the care staff that supported specific individuals were held. These focused care team meetings enabled staff to share their knowledge and discuss and review any changes to the person's care needs.

Penhellis Community Care staff visit schedules included appropriate amounts of travel time between consecutive care visits. Staff told us they had enough travel time between visits. Managers told us copies of people's visit schedules were available and could be accessed by the person or the family. People confirmed they were aware in advance which care staff would be supporting them.

We reviewed the service's call monitoring data and daily care records. We found care staff normally arrived on time and provided the full planned care visit. People told us; "They stay for the length of their visit", "They don't rush me, even when I am having a slow day and I am not so quick."

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.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.We checked whether the service was working within the principles of the MCA. Managers and staff understood the requirements of this act and what this meant on a day to day basis when seeking people's consent to their care.

We found that care plans had been developed with the person or their family which demonstrated that they were in agreement with how care staff would provide their 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. People's comments in relation to consent included; "They always ask what I want doing and the same when they leave." Relatives echoed these comments. Staff recognised the importance of gaining consent before providing care and told us, "I always check with the person what they want me to do, just in case they want something done slightly different."

People were supported to maintain a healthy lifestyle where this was part of their support plan. People told us staff supported them with their food shopping and assisted them with the preparation and cooking of their meals. People's choices of the foods they wished to purchase were respected. People told us staff would purchase food items from the shops on their behalf and that their shopping list was always followed. This meant that the person's choices for their food and drink preferences were respected.

People's care plans included guidance for staff on the support each person needed in relation to food and drinks. For example that people should be given choices by asking them what they would like to eat and drink. Daily care records included details of how staff had supported each person to ensure they were able to access adequate quantities of food and drinks. Where staff prepared meals these records included details of how much food the person had eaten. People told us, they were satisfied with how their food and drinks were provided by staff.

Records showed Penhellis Community Care worked effectively with other health and social care services to ensure people's care needs were met. We saw the service had acted to ensure people's needs were recognised by health professionals. The management team had detailed knowledge of people's health

needs and regularly contacted professionals to check and confirm that guidance provided was correct. For example to check that the right equipment was in place at a person's home.

Good

Is the service caring?

Our findings

People were positive about the staff that supported them and said they were treated with consideration and respect. Everyone we spoke with complimented Penhellis Community Care staff on the caring and compassionate manner in which they provided support. People told us; "They are very good, very caring and always respectful", "They are lovely, they don't rush me. I can't complain about any of them" and "I can't find fault with them." Relatives told us; "The carers all genuinely care, they listen, they don't rush and they are a lifesaver to us."

Staff and managers knew people well and demonstrated a detailed understanding of people's care needs and individual preferences. Staff told us they enjoyed their role and aimed to care for people as they would for their own relatives. Staff comments included; "I enjoy caring for people, this job is so rewarding", and, "I try to treat people how I would want my own mum to be treated" and "My job is to care for the clients, to be on time so I won't cut people's visits short."

Visit schedules and call monitoring data showed that people were regularly supported by the same carers. People said they knew and got on well with their care staff. Staff recognised the importance of their role in the social networks of the people they supported and told us, "I see the same people each week. It is better for them and it is better for us as you get to know the person and can then see if they are not well more quickly as you know the person" and, "I have built up a good rapport with people."

People told us their care staff always responded to small changes in their care needs and one person commented, "They do everything and a bit more sometimes if I'm not well". Staff explained that if a person was not feeling well they always reported this information to the service managers. Staff told us they were able to request additional time to meet people increased needs and that when this was necessary mangers would contact their other clients to inform them of any delay.

People told us they were treated with respect and their privacy was upheld. People's care plans described how they wanted and needed to be supported in order to protect their dignity. People preferences in relation to the gender of their care workers were respected during the visit planning process. People told us they were asked if they wanted a male or female care worker and their wishes were respected. Staff told us they always checked before providing personal care and ensured people were happy to continue. They were able to explain what they would do if personal care was refused.

People told us their care workers were; "extremely respectful" People described the actions staff consistently took to protect their privacy and dignity while providing personal care. Relatives confirmed staff routinely protected people's privacy and dignity while providing care. While staff demonstrated an awareness of how important it was to protect a person's privacy and dignity.

We saw letters of thanks to Penhellis Community Care staff from people and their relatives. All spoke highly of the kindness and compassion that care staff showed to them.

Good

Is the service responsive?

Our findings

People and their relatives were involved in the development and review of their care plans. People told us; "I've got a care plan. I've a copy in my house. I signed it." Relatives told us they had seen, and been involved in the development of their family members care plan. They were in agreement with the support identified for their family member.

The quality assurance manager told us they had reviewed the care plan format since the previous inspection. Staff told us they were pleased with the changes and commented that the care plans were "more detailed." Staff told us people's care plans were available in each of the homes they visited.

People's care plans were developed from information provided by the commissioners of care and family members. This information was combined with details of people's specific needs identified during initial assessment visits. The initial assessment visit was conducted by a team leader who met with the person to discuss their care needs and wishes. During the assessment an interim care plan was developed and agreed with the person. Staff than provided care and support in accordance with the interim care plan. The interim care plan was reviewed a few weeks later in light of the experiences of both the person and their care staff. The initial care plan was updated and expanded to ensure it provided staff with sufficient detailed information to enable them to meet the person's individual needs. The care plan was then signed by the person to formally record their consent to the care as described.

The persons care plans were written and reviewed by team leaders who were responsible for a particular geographical area. They then become the keyworkers for the people they wrote the care plans for and reviewed them with input from care staff, the person and relative. This created a greater understanding of what support the person needed and staff were able to identify if the persons care needs had changed quickly. For example care staff identified a person's health had deteriorated and raised this with the team leader. They reviewed the person's care plan, consulted with commissioners and agreed there would be an in increase of home visits to provide more care and support. Team leaders told us; "I write the care plans, they are all up to date and I review them every three months or when something changes." Team leaders told us they had office based time to write up and review care plans.

All of the care plans we inspected were detailed and personalised. People's care plans provided staff with clear guidance on how to meet each person's specific care needs. Each person's care plans included details of their preferences in relation to how their care should be provided. For example, one person's care plan provided staff with clear detailed instructions on how to support a person with their personal care. This guidance ensured the care staff provided the support in a consistent manner to the person and was following their wishes. This showed that the care plan was specific to the person's individual needs.

Each care plan included specific objectives that had been developed collaboratively with the person in need of support. For example, for people who had several visits in a day, each care plan was written for that time period. So one was written for the person's morning routine, the next for lunch and the last one for the evening routine. They specified not only what caring interventions were need but if household tasks were

also needed to be completed and by who. For example, the person may need assistance from care staff to encourage them to retain or develop independent life skills. This enabled staff to tailor the care they provided towards supporting the person to achieve their identified goals.

Each care plan included details of the person's background, life history, 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 [care staff] will have a chat with me about things we both like. I look forward to them coming."

Daily records were completed by staff at the end of each care visit. These recorded the arrival and departure times of each member of staff and included details of the care provided, food and drinks the person had consumed as well as information about any observed changes to the person's care needs. The daily care records were signed by staff and our comparison of these records with the agreed timing of visits between commissioners and people, found that information recorded was accurate. Daily care records were regularly returned to the service's offices and appropriately audited.

People described how staff provided support and encouragement for them to do things independently and engage with their local communities. The length of home visits varied from 15 minutes to twenty four hour support. Some of the longer home visits enabled care staff to support people to attend health or social appointments. We noted that in one care plan the person made a choice as to if they would attend their planned activity, and if they decided not to this was respected by staff. The daily records then gave an account of how time was spent with the person and how the person responded to the differing activities both in and out of their home.

Penhellis Community Care had a complaints process and details of how to raise concerns was accessible to people, their relatives and staff. We reviewed the services complaint process and found that people's complaints were responded to promptly and that a full investigation into the concerns they had raised was undertaken. The quality assurance manager would contact the complainant with their findings and inform them of what actions they would take to address their concerns. People told us they understood how to report any concerns or complaints about the service. Some relatives told us they had raised concerns with the managers which were usually in respect of the timing of home visits. The majority felt that they were heard and that appropriate action was taken to resolve their issues.

We saw Penhellis Community Care also received compliments and thank you cards from people who used the service and their relatives.

Good

Is the service well-led?

Our findings

People and their relatives told us they were satisfied with the care and support they received from Penhellis Community Care. People said, "The carers are wonderful, I have no concerns." Relatives echoed this view in respect of the quality of the care staff and the support their family member received.

People, relatives and staff told us they were involved in developing and running the service at an individual and organisational level. Staff told us they felt able to approach management with ideas and suggestions and were confident they would be listened to. The management team acknowledged that it was important to get views from people, relatives and staff in how the service was run. This meant areas for improvements would be identified and considered so that the service could continually improve. For example, following feedback from care staff and people the service was reviewing its on call arrangements with a view to having on call staff based in the office for longer periods. It was felt that by increasing the hours, and changing working patterns for office based staff this would mean that care staff and people would have more access to information held at the office and receive a more timely response. It was also hoped this would improve communication. Team leaders were positive about this change and felt that it would improve the service.

The culture of the service was caring and fully focused on ensuring people received the care and support they needed. The care staff we spoke with were highly motivated and proud of the care and support they provided. The service's commitment to ensuring people's care needs were met was demonstrated by the service's response to a person's health needs changing, as outlined in the responsive section of this report. This demonstrated how the service's caring and reactive approach ensured people received effective care in a timely manner.

The quality assurance manager told us that staff turnover "was not great." They explained that with the implementation of the telephone based electronic call monitoring system; "Some staff have become disillusioned with this system. It feels impersonal now it's become faceless since we lost the case coordinator." However due to the changes with the on call support and as staff(?) had come to accept and understand the telephone based electronic call monitoring system it was felt that staff morale had increased. The quality assurance manager told us that staff sickness had reduced significantly and as the new processes were now embedded staff knew what was expected of them and how they could access and receive support.

The management team valued their staff. There were systems in place to ensure that all staff had the opportunity to meet with their line mangers individually and as a team to allow the opportunity to share their views on the service, and discuss their individual needs. Team managers met with their care staff when they came to collect their rotas. This allowed managers to check with care staff how they were and if there were any issues they wished to discuss.

Staff told us the management team were approachable and they felt well supported by their line managers. Comments included; "(Mangers name) is level headed; I find (them) a great support" and "We get a lot more support than we did before." Staff meetings were held regularly. Staff told us these were useful and gave

them an opportunity to exchange any ideas for the development of the service. One commented, "It's a great team."

There was a management structure in the service which provided clear lines of responsibility and accountability with effective leadership. People told us the service was organised and well managed. Care staff and team leaders reported the management team were; "approachable", and, "really good." Care staff felt that as the team leaders, in particular, still undertook care visits in the community themselves this gave them a better understanding of their role and how they needed support, for example phoning them after a difficult visit to check how they were.

The management team had a strong and positive working relationship and were able to recognise each other's strength. From this the management team acknowledged that the service had grown and that a further registered manager post would benefit the service so that responsibilities could be allocated more fairly. We were reassured that this was in process. The organisation also received support from their director, human resource and administrator to help with the running of the organisation. They commissioned an external training company to provide mandatory and bespoke training for their staff. This meant they were able to keep up to date on developments in the field.

There were systems in place to monitor the quality of the service provided to people. People told us managers regularly completed "unexpected" spot checks on their care staff to ensure that care was provided to a high standard. People had been asked for their views on the service via a questionnaire. Regular audits were carried out for all individuals using the service. This included checking support plans, risk assessments and any health and safety issues. There was also an opportunity for people to comment on the service they received.

An annual quality assurance survey was used to monitor the standards of care provided and identify any areas in which the service could improve. We saw the finding of these surveys and noted that people were highly satisfied with the care provided by trained and competent staff.

People told us the service responded promptly to any questions or enquiries they made. There were effective systems in place for ensuring information reported to office staff was acted on appropriately. All information reported to the office was recorded on the service's digital care planning system with details of the actions staff had taken in response to the information provided. This included details of cancelled or rescheduled care visits.