Penhellis Community Care Limited

# Penhellis Community Care Limited

**Inspection report**

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## Ratings

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|---|---|
| **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? | **Requires Improvement** |
| Is the service well-led? | **Good** |

## 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 18 and 19 February the service was providing care and support to approximately 700 predominantly older people. When previously inspected the service 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

# Summary of findings

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.

Everyone told us they felt safe with their care staff and were treated with respect and kindness. People's comments included; "I am pleased to have carers who care" and, "The care provided to me from Penhellis has made a very positive difference to my life" and, "they [staff] can't do enough for me" and relatives told us, "they treat (the person) with a great deal of dignity and respect".

Staff were well trained and effectively supported. The service's Helston office was open seven days a week to provide people and staff with support when required. In addition the service's on call management arrangements were appropriate and responsive to people's needs.

Care plans were inconsistent and lacked the detailed information required to enable staff to respond to people's individual care needs. We have made a recommendation about Penhellis Community Care's care planning systems.

Care visit schedules and staff rosters were well organised and there were sufficient staff available to provide all planned care visits.

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 carer staff normally arrived on time and provided the planned care. 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's comments in relation to visit times included, "care workers were sometimes late" and, "the carers are rushed, no travel time, always asked to squeeze in extra clients due to sickness of carers". The registered manager was aware of these concerns and had taken appropriate action to resolve them where possible.

Staff recruitment processes were robust and effective induction training was provided to new members of staff. Staff were well trained and effectively supported by managers. Staff told us, "The training is very good" and, "This is the best care company I have ever worked for as the training opportunities are excellent."

The service had grown significantly since our last inspection. This growth had been well managed and effective quality assurance systems ensured the service continued to meet people's care needs.

# Summary of findings

## 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. There were sufficient staff available to meet people's assessed care needs.

Recruitment procedures were safe and staff understood both the provider's and local authority's procedures for the reporting of suspected abuse.

The risk management procedures were robust and people were supported appropriately with their medicines.

**Good**

**Is the service effective?**
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.

**Good**

**Is the service caring?**
The service was caring and staff were kind.

People's privacy was respected and staff supported people's independence while providing care.

**Good**

**Is the service responsive?**
The service was not responsive. Care plans were inconsistent and did not provide staff with sufficient detailed information to enable them to provide people with personalised care.

We found and people reported, that care staff did not consistently arrive for planned care visits at people's preferred times.

**Requires Improvement**

**Is the service well-led?**
The service was well led. The registered manager and other directors had provided staff with appropriate leadership and support. The staff we spoke with were well motivated.

Quality assurance systems were appropriate and accidents and incidents had been effectively investigated.

The service had grown significantly since our last inspection and this had been well managed.

**Good**

# 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 checked 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 18 and 19 February 2015. The provider was given 24 hours' notice of our intention to inspect the service in line with our current methodology for inspecting domiciliary care agencies. The inspection team consisted of two inspectors and one 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. Their area of experience was older peoples' care.

The service was previously inspected on 9 April 2013 when it was found to be fully compliant with the regulations.

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

During the inspection we spoke with 14 people who used the service, 26 members of care staff, the operations manager, the registered manager (who is also a member of the provider's board of directors) and two other directors. We also sent surveys to 50 people who used the service, 48 staff and eight health and social care professionals. We received responses from 22 people, eight staff and one health professional. We also inspected a range of records. These included 11 care plans, eight staff files, training records, staff duty rotas, meeting minutes and the service's policies and procedures.

Good

# Is the service safe?

## Our findings

Everyone who responded to our questionnaire reported that they felt safe with their care staff and people told us they were happy with their care staff and felt safe while receiving support.

Staff knew how to act if they thought someone they supported was at risk of abuse. They were able to provide specific examples of incidents where they had reported their concerns to managers. For example, staff told us that when a person had run out of food this had been reported to office staff. Office staff then contacted the person's relatives and made arrangements for shopping to be collected by care staff.

Training records and staff files showed staff had received formal safeguarding training that was reviewed and updated regularly. The provider's training manager had recently completed a safeguarding train the trainer course. The induction training records showed all new members of staff completed a full day safeguarding course as part of the service's induction process.

Staff were aware of the local authorities role in relation to the safeguarding of vulnerable adults and had been supplied with detailed guidance on local safeguarding procedures. Staff told us additional information about safeguarding procedures had been enclosed with their pay slips. One staff member explained how a manager had supported them to report a concern about a person's welfare to the safeguarding adults team.

Assessments of the risks to both people and staff were completed by senior carers during their initial care visit to a person's home. This information was then used to aid in the development of the individual's care plan and was subsequently reviewed annually or whenever there were significant changes to the individual's needs.

Where manual handling equipment was required to support people to mobilise there were appropriate procedures in place to ensure this equipment was safe to operate. The staff checked equipment prior to use and informed managers of required service dates. Records showed the service routinely contacted maintenance engineers to ensure lifting equipment was serviced appropriately.

Penhellis Community Care had appropriate procedures for adverse weather events. The service owned two four wheel drive vehicles and had effective working relationships with a number of local charity groups that were able to provide staff with safe transportation during periods of adverse weather. Office staff understood the service's emergency procedures. They told us people who required support from two staff and those whose visits were time sensitive, were prioritised during periods of adverse weather.

The service had identified that the unreliability of staff cars represented a source of risk to people as vehicle breakdowns had previously caused care visits to be missed. This issue had been addressed through the introduction of a number of pool cars which were immediately available to staff in the event their own vehicle broke down. In addition, to improve the reliability of staff vehicles, the provider offered staff access to a lease car scheme which had been taken up by 55 staff.

We reviewed the service's visit schedules and the rotas of individual members of staff. There were sufficient numbers of staff available to provide all of the planned care visits and staff told us "we have enough staff to cover the rota".

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 told us of five occasions where care visits had been missed in the six month period before our inspection. Two visits had been missed as a result of road traffic accidents, two visits had not been included on staff rotas and one was a result of human error by an individual carer. We discussed these incidents with the operations manager who had investigated these missed visits and described changes to procedures that had been introduced to help prevent these issues re-occurring.

There were appropriate systems in place for the reporting and investigation of accidents and incidents. Where

Good

# Is the service safe?

incidents had occurred these were reported to the operations manager who was responsible for investigating each issue and identifying any changes necessary to improve the quality of the service provided.

Staff recruitment processes at Penhellis Community Care were safe. The references of prospective staff members had been reviewed and appropriate Disclosure and Barring Service checks completed. As part of the recruitment process prospective staff members who were new to care were provided with a "look and see" shift where, with people's consent, they observed staff working. This enabled them to have a better understanding of what was required in their new role.

Penhellis Community Care medicines administration policy was for staff to remind or prompt people to take their own medicines from blister packs prepared by a pharmacist, and to support people to apply creams when necessary. The daily care records we reviewed recorded details of the support staff had provided people with their medicines.

Good

# Is the service effective?

## Our findings

People told us they received care from small groups of staff who they knew well and almost all of the people we surveyed reported they received care from a consistent staff team. Most people told us they did not know which carer would arrive for any particular visit, but that this did not matter as it did not compromise the quality of care they received. Of the people who responded to our survey almost all agreed their care staff had the necessary skills and knowledge to be able to meet their care needs and people told us their care staff knew how to meet their needs.

A formal two week induction process was used to introduce new members of staff to the service's procedures and processes. During the induction staff completed a number of formal training courses and spent time shadowing experienced members of staff. At the end of the induction period, when the new staff member felt sufficiently confident, they began to provide care to people who required support from two staff. Once the new member of staff was fully confident in their role they began providing care visits independently.

Each new member of staff was expected to complete the Common Induction Standards (CIS) training workbooks within their three month probationary period. The CIS is a national tool used to enable care workers to demonstrate their understanding of high quality care in a health and social care setting. During their induction period new staff were rostered to attend the office regularly to complete their CIS workbooks.

The quality of care provided by each new member of staff was formally reviewed before individual members of staff ended their probationary period. If staff failed to meet the services required standards at this review their probationary period, it could be extended or other appropriate action taken. The service was in the process of reviewing and updating its induction procedures to ensure they complied with the requirements of the new Care Certificate.

Staff told us there were excellent training opportunities available and that they had completed training in topics including: moving and handling, safeguarding, medication, food hygiene, dementia awareness and Parkinson's disease. Staff comments included, "The training is very good and I have been able to complete my NVQ Level 2 and 3" and, "Support was always available at the end of the telephone" and "this is the best care company I have ever worked for as the training opportunities are excellent." Two staff told us of how they had been supported by managers to develop additional skills and had subsequently been promoted.

There were effective systems in place to monitor and review the performance of individual members of staff. Senior carers were directed to conduct regular spot checks of staff performance while managers provided more formal supervision to staff. Staff said, "The motivation is there, they [managers] want us to do a good job" and one staff member told us "You also attend appraisal and supervision sessions which are really beneficial and help you to know how well you are doing". In addition staff meetings were held quarterly and the minutes of these meetings showed they had included opportunities for supervision and training events. Penhellis Community Care's staff management systems were accredited by Investors in People.

Managers understood the requirements of the Mental Capacity Act (MCA) and staff had received appropriate training in this area. The MCA provides a legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make particular decisions for themselves.

People had been involved in the development of their care plans and subsequent review meetings. These records had been signed by the individuals concerned to formally record their consent to the care as described. In addition people told us their staff always offered choices and ensured they were happy before providing care.

The service's Helston office was open seven days per week to provide people and staff with direct access to managerial support if required. In addition the service used an on call system to enable people to contact managers outside of office hours. Staff reported that these arrangements were effective and commented, "Nothing is ever too much trouble and the support from the office and the manager is excellent" and "Sometimes the office is a bit slow in getting information out to us…. but this is very rare".

People reported mixed experiences of dealing with the service's office staff. Most people were happy with the

Good

# Is the service effective?

support provided by office staff. People said, “The office is very helpful and the manager was wonderful” and told us the office informed them if their carer were going to be late. However, some others reported that it was sometimes difficult to get through to the office and that they were not always informed when staff were running late. During our inspection we observed that that calls received by the service were dealt with effectively and office staff did routinely contact people to advise them of incidents when staff were running behind schedule.

Within people’s daily care records we found examples of managers and carers working together to ensure people’s needs were met. For example one person had received an additional care visit very late in the evening. This additional visit had been provided as the person had called the on call manager to report they had misplaced their bed time medicine.

Where people required support and assistance with meal preparation this information was included in their care plan. Staff were provided with guidance on people’s specific preferences in relation to food and beverages. Daily care records included details of the support staff provided with food preparation and the quantities of food and drinks people were offered.

People told us their care staff were not rushed and remained with them for enough time to provide all the support they required. Of the people who responded to our survey almost all reported that staff completed all the tasks required and reported that staff stayed for the agreed length of the care visit. Staff reported that they had enough time during care visits to meet people needs. One staff member said, “Clients needs change from day to day but I always feel I have sufficient time to ensure my client’s needs are being met. If this changed I would report it to the office/manager so the key worker could visit the client and reassess their care needs”.

Where people required support from two members of staff we found this had been consistently provided. Staff told us double handed care visits were well planned and effective communications ensured staff arrived together to provide these visits.

Good

# Is the service caring?

## Our findings

Everyone reported their care staff were kind and caring. People told us they got on well with their carer's and enjoyed their company. People's comments about care staff included, "they are terrific I have no complaints", "I am pleased to have carers who care" and "they are caring and kind". Relatives told us of how they often heard people laughing and joking with their care staff and one relative said, "they have a very good relationship with my husband they are all different but he likes them all".

People told us their care staff always asked if anything else was needed at the end of each care visit. Where people had requested additional support they reported it was always provided. For example two people told us of occasions when their staff had fetched shopping or posted letters on their behalf. People told us, "The care provided to me from Penhellis has made a very positive difference to my life" and "they [staff] can't do enough for me".

The staff team's commitment to providing good quality care and developing effective relationships with people was demonstrated by a recently identified time recording issue. The service had moved to recording visit times using a call monitoring system. This showed that some care visits were occasionally significantly longer than planned and no information had been reported to indicate what additional care had been required. These incidents had been investigated by the operations manager who found these extended visits were a result of occasions when staff had not clocked out of care visits at the end of their shifts when they had chosen to stay and chat with people.

During our conversations with staff and managers it was clear the service focused on meeting people's care needs. All staff spoke warmly and affectionately of the people they supported and were able to provide detailed examples of how they supported people's independence and ensured individual's needs were met. Our survey found that 95% of people believed their care staff helped them to be as independent as possible.

People told us their care staff were respectful and everyone we surveyed reported that their staff treated them with respect and dignity. One relative told us, "they treat (the person) with a great deal of dignity and respect".

Requires Improvement

# Is the service responsive?

## Our findings

People's initial care visits were provided by senior carers and the care given during these visits was based on information supplied by the individual and/or the commissioner of the service. The individuals care plan was written by the senior carer within 48 hours of the initial care visit based on the information provided and their experiences of delivering the required care. Once completed the draft care plan was discussed and agreed with the person. We saw that the service had appropriately not begun delivering care to individuals where adequate information about the persons needs was not yet available. One person who had recently begun receiving care told us, "I have only had them a very short time but so far very good".

There were significant variations in the quality of the care plans we reviewed. Some care plans included detailed specific guidance for staff on people's care needs. However, most care plans were task orientated and lacked detailed information about individual needs. For example, one person's care plan instructed staff to, "Assist with full strip wash promoting as much independence as possible" but did not include any information on the level of support the person normally required or what tasks they were able to complete independently. This meant staff did not have access to clear guidance on how to support people in line with their expressed preferences.

Each of the care plans we reviewed included a section to record "person centred" information about the individual. We found there were significant variations between care plans in the amount of information recorded in this section. Although some care plans included detailed information about people's life history, hobbies and interests the majority of care plans did not include sufficient information about a person's life history to assist staff when making conversation or to help staff understand how the person's life history affected their current care needs.

One person's care plan did not include guidance for staff on the care required at each planned care visit. This person's daily care records showed they received six visits per day however the person's care plan only included details for the care to be provided during four visits. We found that important information known to office staff about another individual's specific care needs had not been included in the care plan.

One of the care plans we inspected was designed to be highly responsive to changes to the amount of support the individual required. This person normally required support from one member of staff but the service recognised that this individual's condition meant these needs could change from day to day. As a result arrangements had been made for additional staff to provide support at short notice when required.

The registered manager was aware of the variation in the quality of the services care plans and had provided additional training to senior carers on person centred care planning. In addition an external consultant had been appointed to assist the service to monitor and review the quality of care plans. We found that as a result of these quality assurance procedures, senior carers had been asked to review and update a number of care plans. Senior carers told us, "(The consultant) is reviewing the care plans and some are being returned for extra information to be added".

Daily care records were detailed and informative. Staff recorded their time of arrival and departure, a full description of the care provided, the person's mood and notes of any changes to care needs. Where people were supported with meals the records included details of the meals served and drinks provided. However, in six of the 11 care plans inspected it was not possible to review care records from the month before our inspection as these records had not yet been returned to the office. This delay in the return of care records meant the service was unable to complete timely quality assurance reviews of daily care records.

There were systems in place to ensure care plans were reviewed annually and we found the visit rosters of senior care staff included specific care plan review visits. Nine of the 11 care plans we inspected had been reviewed within the last 12 months.

Staff told us that during care plan reviews they visited the person at home and talked through the existing care plan with the individual to identify any necessary changes. As part of the review process the person was provided with a feedback questionnaire. People gave us mixed feedback on their experiences of the care plan review process. Some people could not remember any managers having visited to discuss their care. One person said "I wish they would come occasionally so I can talk about how it's all going".

Requires Improvement

# Is the service responsive?

However others told us their care plans had been reviewed, one person told us of an occasion where they had told their carer the care plan was "not right". This person said their carer had then reviewed and updated the care plan.

People told us they were able to make choices and staff respected their decisions. Care plans included instructions for staff to follow people's directions and where possible comply with their requests. One person said, "I tell them if I want a shower or a wash and they will get on with it, they are all very good".

People were able to request copies of their planned care visits and on the first day of our inspection we saw office staff posted visit schedules to 20 people who had requested to be informed in advance of which care staff were to provide their care visits.

Some people did express concerns about the timing of their care visits and only 57% of people we surveyed reported that their staff arrived on time. People's comments included, "care workers were sometimes late" and "the carers are rushed, no travel time". People reported that if staff were running late they sometimes received a call from the service to inform them of the delay. One relative told us of an incident where carers had arrived two hours late and commented that this "was not unusual". The professional who responded to our survey agreed that people did not consistently receive their care visits on time.

We found staff rotas did include travel time between consecutive care visits. During our inspection we reviewed the timings of 56 individual care visits. Five visits had begun more than 30 minutes late but none had been more than an hour late. Staff told us the introduction of the call monitoring system had improved the services arrangement for travel time as office staff could now see how long it took to travel between care visits.

We discussed people's concerns in relation to late care visits with directors, the registered manager and the operations manager. Managers identified that people's concerns in this area were as a result of two distinct causes. The first cause was delays to staff arrival due to local issues including traffic problems, other care visits over running and staff timeliness. In order to address these issues the provider had trialled changes to staff terms and conditions and offered bonus payments to staff members who successfully used the call monitoring system to record their visit times. This trial had been successful and the information gained on travel time between visits had been used to redesign staff visit rosters. Staff informed us that the introduction of the call monitoring system had improved the systems for the management of travel time. The registered manager planned to introduce these changes to all areas as a matter of priority.

The other issue in relation to care visit times, is related to current commissioning issues. The registered manager described how care visits were sometimes being commissioned at times when the service was able to provide a visit rather than when the individual necessarily wished to receive their care. They gave an example of one care package they had taken on at very short notice to enable a person to return home from hospital. The service was unable to provide a care visit at the person's preferred time and this had been explained to the person in advance and they had agreed to a short term arrangement to enable them to return home. Two months later the service was continuing to provide the agreed interim care, as it had not been possible for an alternative service provider to be found to provide the care package to deliver the person's preferred visit time. We reviewed this person's care plan and found the service's own quality assurance systems had identified that this person was not receiving care at their preferred time. This information had been reported to the commissioners, but the service was unable to resolve the issue as they did not have capacity to meet this person's preference. .

The service regularly received written compliments and thank you cards from people. Recently received compliments including, "I would like to say how every carer I have had have all been so good. They have been friendly, caring and always ask if I need anything else".

People told us they knew how to make a complaint and three people reported that complaints they had made previously had been resolved effectively and to their satisfaction. However, both before and during the inspection process some people raised concerns with us that they did not feel had been dealt with effectively by the service. We passed this information to the operations manager for the service who subsequently investigated and satisfactorily resolved these issues. In order to ensure that future complaints and concerns are properly investigated the service planned to set up a dedicated complaints telephone number, to enable people to report their concerns directly to the operations manager.

Requires Improvement

# Is the service responsive?

Penhellis Community Care worked successfully with other health and social care services to ensure people's care needs were met. The service regularly supported people to arrange GP visits and worked effectively with commissioners to ensure changes to people's care needs were recognised and addressed appropriately.

**We recommend that Penhellis Community Care seek advice and guidance from a reputable source, about the planning and delivery of personalised care.**

Good

# Is the service well-led?

## Our findings

Our survey found that 86% of people that use the service and 75% of staff would recommend this service to others. People told us, "this service has improved my quality of life. It has made a very positive difference to me" and staff said, "I am in an organisation that values what I do and enables me to give good quality care to my clients" and, "this is the best care company I have ever worked for and I have been in care for over 20 years. They really care about their clients and make sure they look after the staff as well". Three of the staff we spoke with had chosen to return to the organisation after a break of service.

Penhellis Community Care was led by five directors, three of whom worked from the service's offices. The registered manager, who was also a director, was based at the registered office in Helston. The service had expanded rapidly in the east of Cornwall and in order to provide additional support for staff and managers in this area, two directors were now based in the Liskeard sub office.

Each office team was led by an area manager supported by a number of roster managers who were responsible for planning care visits and managing staff rotas. Team leaders and senior carers provided leadership to individual care teams. Their time was split evenly between working in the services offices while reviewing and developing care plans, and conducting care plan reviews and staff spot checks in the community.

Care staff told us they were well supported by office staff and managers, their comments included, "Nothing is ever too much trouble and the support from the office and the manager is excellent". Staff told us, "Being a big company there appears to be less stress than in a smaller organisation as the same staff are not expected to always do the work". Staff praised the ethos of the organisation which put the client's needs first, but also valued the service's flexible working arrangements. These enabled staff to continue working around their other commitments.

We found that care visit schedules and individual staff rotas were detailed and well organised. The service used a system of area teams to ensure people received care from consistent groups of staff. Staff told us they always received their rota one week in advance and that their preferred working patterns were fully accounted for. Staff comments included, "I choose the shifts I want to work and the organisation is very flexible" and, "Penhellis is so flexible and really makes sure it cares for you when planning your rotas, as they know they will get the best out of you if you are happy with your shifts".

Penhellis Community Care has grown significantly since our last inspection. This growth had been well managed and appropriate additional managerial, leadership and quality assurance roles have been introduced to ensure the service continues to meet people's needs.

The service had effective quality assurance systems in place and actively sought feedback on the quality of service it provided from people during their care plan review meetings. Feedback received was monitored by the operations manager and where issues were identified these were investigated. The feedback received was generally positive and our survey found that 95% of people were happy with the care and support they received from Penhellis Community Care.

Prior to our inspection the registered manager had identified some discrepancies in the quality assurance procedures between the service's two offices. These issues had been addressed and additional support and training provided to staff to ensure quality assurance processes were applied appropriately throughout the service.

The service's internal quality assurance systems were supplemented by regular audits by an external consultant. This consultant visited one of the services offices each week and was responsible for reviewing the quality of care records and ensuring people had received their care visits at their preferred times. This system was effective and the issues identified had as far as possible been addressed. For example these audits had identified significant variation in the quality of information recorded in daily care records. As a result carers and team leaders had received additional training and guidance on the information required. In addition a number of "Key Workers" were appointed. These key workers had been given specific training on the services expectations for daily care records and were tasked to continually monitor the quality of record keeping while conducting their own care visits. Any concerns identified were either immediately addressed with the member of staff or passed to team leaders for further action.