Penna Homecare Limited

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Inspection report

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Date of inspection visit:
05 January 2017

Date of publication:
24 February 2017

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

This inspection took place on 7 January 2017. This was our first inspection of the service. The service registered with the Care Quality Commission on 26 November 2015.

Penna Homecare Limited provides personal care to adults in their own homes. At the time of our inspection 26 people were using the service.

There was a registered manager at 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 2008 and associated Regulations about how the service is run.

The service was small and provided personal care to people in the local area. Penna Homecare was established and run by two directors, one of whom was the registered manager the other a senior care coordinator. The service was values led with the directors aiming to provide bespoke packages of person centred care.

People received care and support from staff they felt safe with. People were safe because staff understood their role and responsibilities to keep them safe from harm. Risks were assessed and individual plans put in place to protect people from harm. There was enough skilled and experienced care staff to meet people's needs. The provider carried out employment checks on care staff before they worked with people to assess their suitability. Medicines were well managed with people receiving the assistance needed to take their medicines as prescribed.

Staff had been trained to meet people's needs. Staff received supervision and appraisal aimed at improving the care and support they provided. Staff understood their roles and responsibilities in supporting people to make their own choices and decisions.

Care staff took time to listen and talk to people. People were treated with dignity and respect. People were involved in planning the care and support they received. Staff protected people's confidentiality and need for privacy.

Staff providing care and support were familiar to people and knew them well. The provider encouraged people to provide feedback on the service received. The service made changes in response to people's views and opinions.

The registered manager and other senior staff provided good leadership and management. The vision and values of the service were communicated and understood by staff, people using the service and their family and friends. Staff understood their roles and responsibilities. The quality of service people received was continually monitored and any areas needing improvement identified and addressed.

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.

People received care from staff they felt safe with. People were safe from harm because staff were aware of their responsibilities to report any concerns.

There was sufficient skilled and experienced staff to provide care. Recruitment checks were carried out to ensure people received care from suitable staff.

Medicines were well managed with people receiving their medicines as prescribed.

Is the service effective?

Good

The service was effective.

People were cared for by staff who had received sufficient support and training to meet their individual needs.

Staff promoted and respected people's choices and decisions.

Is the service caring?

Good

The service was caring.

People received care and support from staff who were caring and compassionate.

Staff provided the care and support people needed and treated people with dignity and respect. People's confidentiality and need for privacy was respected.

People's views were actively sought and they were involved in making decisions about their care and support.

Is the service responsive?

Good

The service was responsive.

People's needs were at the centre of the service provided with

staff knowing each person's likes and dislikes.

The service made changes to people's care and support in response to requests and feedback received.

The service listened to comments and complaints and made changes as a result.

Is the service well-led?

Good

The service was well-led.

The vision and values of the service were clearly communicated and understood by staff, people using the service and their family and friends.

The registered manager and senior staff were well respected and provided effective leadership.

Quality monitoring systems were used to further improve the service provided.

Penna Homecare 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 January 2017 and was announced. The provider was given 48 hours' notice because the service provided was domiciliary care in people's own homes and we wanted to be certain the registered manager and other staff would be available to meet with us.

The inspection was carried out by one adult social care inspector.

Prior to the inspection we looked at the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they planned to make. We received this on time and reviewed the information to assist in our planning of the inspection.

We also sent questionnaires to people using the service, staff, relatives and friends and health and social care professionals. Due to the size of the service, and therefore, the small number of questionnaires we sent, we used the responses received to aid our planning of the inspection but have not reported directly on them within our report.

We contacted a further three health and social care professionals who had been involved with the service, including community nurses, social workers, commissioners and others. We asked them for some feedback about the service. We were provided with a range of feedback to assist with our inspection of the service.

We spoke with three people using the service and relatives of a further four people by telephone. We spoke

with eight staff, including the registered manager, the deputy manager, two senior care coordinators, three care staff and the office administrator.

We looked at the care records of seven people using the service, three staff personnel files, training records for all staff, staff duty rotas and other records relating to the management of the service. We looked at a range of policies and procedures including, safeguarding, whistleblowing, complaints, recruitment, medicines management, accidents and incidents and equality and diversity.

Good

Is the service safe?

Our findings

People felt safe using the service. They said, "They're brilliant. I've been receiving care for just over a year and feel very safe in their hands", "I feel safe with all the staff". Relatives said, "We are very satisfied, they've never let us down, I can relax knowing they will be there" and" "I feel they have made all the difference we can all relax and feel safe and secure".

Care was usually provided at the time identified in people's care records. This contributed to them feeling safe and secure. Staff said they always tried to contact people if they were going to be late. They said they tried to avoid being late arriving at people's homes but found that at times it was unavoidable due to traffic or unforeseen events. People and relatives recognised the difficulties staff faced and did not feel this was a major concern for them. People said, "They were quite late this morning. However, they let me know and it's not a problem for me" and, "Being on time with the traffic and everything will always be difficult, it's not a problem at all".

The provider had put in place systems to protect people from the risk of their care not being given as agreed in their care plans. Staff were deployed effectively to meet people's needs. A system was in place for staff to call in when they arrived and left people's homes. This was monitored closely by senior staff. In circumstances where a pattern of late calls had developed they had taken action. This had included meeting with staff to determine the reason and changing staff allocations which had in turn alleviated travel pressures arising from traffic. On occasions where calls being late, or potentially missed, meant people would be at risk, so they had arranged for another staff member to attend. During the days this was managed by office based staff, outside of working hours a senior on call staff member oversaw this.

People were supported by sufficient staff with the appropriate skills, experience and knowledge to meet their needs. People told us they received care and support from staff they knew. People told us they were happy with the staff providing care and support. One person said, "I do get quite a lot of different staff but I know them all and, to be honest, I like the variety" and, "They all know me well and are very good at what they do".

Staff knew about the different types of abuse and what action to take when abuse was suspected. Staff described the action they would take if they thought people were at risk of abuse, or being abused. They were also able to give us examples of the sort of things that may give rise to concerns of abuse. There was a safeguarding procedure for staff to follow with contact information for the local authority safeguarding team. The staff knew about 'whistle blowing' to alert senior management about poor practice.

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. These covered areas of daily living and activities the person took part in, encouraging them to be as independent as possible. Individual risk assessments were in place where people required help with moving and handling and also where people required assistance with mental health needs. Staff told us they had access to risk assessments in people's care records and ensured they used them.

Each person's care records contained an environmental risk assessment. This showed the provider had considered factors to keep people safe within their homes. For example risks that might result in a fall, such as, uneven flooring or ill-fitting rugs. The provider investigated accidents and incidents. This included looking at why the incident had occurred and identifying any action that could be taken to keep people safe.

People were protected from the recruitment of unsuitable staff. Recruitment records contained the relevant checks. These checks included a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check whether the applicant has any past convictions that may prevent them from working with vulnerable people. References were obtained from previous employers. Recruitment procedures were understood and followed by staff; this meant people using the service were not put at unnecessary risk.

There were clear policies and procedures for the safe handling and administration of medicines.
Some people required assistance to take prescribed medicines. Where this was the case the support the person required was clearly documented in their care plan, with medication administration records maintained and completed. Medication administration records demonstrated people's medicines were being managed safely. Where staff administered medicines to people they had signed to record they had been given. People received their medicines as prescribed. Staff administering medicines had been trained to do so. Staff said that as well as receiving training they were observed administering medicines to ensure they were safe to do so.

Staff told us they had access to equipment they needed to prevent and control infection. They said this included protective gloves and aprons. The provider had an infection prevention and control policy. Staff had received training in infection control. The provider maintained a stock of personal protective equipment at their offices. The registered manager told us staff were able to get equipment from this store whenever needed.

Good

Is the service effective?

Our findings

People said their needs were met. One person said, "The staff are very good, very efficient". Another person said, "I'm perfectly happy, they do everything I need them to". A third person said, "They're all very good. I'm blind and I agreed with them my routines and they follow them well". Relatives and health and social care professionals confirmed staff had the necessary skills and abilities to effectively meet people's needs.

Staff told us they had the training and skills they needed to meet people's needs. Comments included; "I love to learn, Penna have helped me a lot. I've now got a care qualification", "The training I've had has helped me keep my skills up to date" and, "We get all the training we need". Training completed by staff included, first aid, safeguarding vulnerable adults, medicine administration, lone working, risk assessment and moving and handling. A senior staff member was undertaking the level five diploma in the leadership and management of health and social care.

Newly appointed staff completed their induction training. An induction checklist monitored staff had completed the necessary training to care for people safely. Managers and staff told us new staff were allocated to an experienced care worker for them to undertake 'shadow shifts'. They all spoke highly of the value of these. One care worker said, "The shadowing was great, I learnt so much". The induction training programme was in line with the new Care Certificate that was introduced for all care providers on 1st April 2015.

The provider ensured each member of staff received four formal supervisions and four observational (or spot check) supervisions each year. These were used to improve performance. Supervisions are one to one meetings a staff member has with their supervisor. Staff said these meetings were useful and helped them provide care more effectively. They said their supervisors and senior managers were supportive. Spot checks are when a staff member's supervisor joins them when they are providing care to assess how effective they are. We saw records to show these checks were happening on a regular basis and the findings discussed with staff.

The provider had policies and procedures on the Mental Capacity Act 2005 (MCA). The MCA is legislation that provides a legal framework for acting and making decisions on behalf of adults who lack capacity to make specific decisions. The registered manager and staff had a good understanding of the MCA. Staff understood their responsibilities with respect to people's choices. Staff were clear when people had the mental capacity to make their own decisions, and respected those decisions. Care staff said; "We always check what people want, never presume we know" and, "I try and make sure people make their own choices and decisions". People and, where appropriate relatives, were involved in care planning and their consent was sought to confirm they agreed with the care and support provided.

Some people had a DNACPR in place. This is a statement that the person is not to be given cardio pulmonary resuscitation in the event of it being required to sustain life. These had been appropriately completed with the involvement of the person where possible and those closest to them. The statements had been signed by their GP. People's care plans clearly recorded this decision. Staff knew where this

information was and told us they would ensure people's wishes were respected by other health and social care professionals.

People's changing needs were monitored to make sure their health needs were responded to promptly. Care staff had identified when people were unwell and contacted people's GP's and other health and social care professionals when required.

Good

Is the service caring?

Our findings

People said that the staff were caring. One person said, "I am perfectly happy with the care provided". Another person said, "The staff are always respectful and very caring. I need two staff and they always speak to me, they don't just talk to each other, everything is about me"! A relative we spoke to said, "They've never let us down. They're providing end of life care and are professional, kind and compassionate".

Throughout our inspection we were struck by the caring and compassionate approach of staff. We heard managers and senior staff answering the telephone to people using the service, relatives, staff and other professionals. They spoke to people in a clear, respectful and caring manner and ensured people's needs came first. Care staff spoke positively about their work. They said, "I love what I do" and, "I Love my job, people are really well cared for by all the staff. We have great staff and are a good team". A senior care worker said, "The care we provide is really good. It's a pleasure to come to work and provide care for people". Care staff told us they felt it was important to make sure they had time to talk with people. One staff member said, "I try to make time to talk to people and make sure they don't feel rushed, even if inside I know I need to hurry". People told us care staff ensured they had time to talk with them. The registered manager said they encouraged staff to consider people's wellbeing and make them feel listened to and cared about.

People were involved in planning their care and support. The service provided to people was based on their individual needs. People's records included information about their personal circumstances and how they wished to be cared for. Senior staff told us they took people's wishes and needs into account and tried to be as flexible as possible in accommodating any changes to visit times. When planning the service the provider took account of the support the person required, the preferred time for calls and where possible the care staff they liked to be supported by. The views of the person receiving the service were respected and acted on. Senior staff said they matched the skills and characteristics of care staff to the person. Where appropriate family, friends or other representatives advocate on behalf of the person using the service and were involved in planning care delivery arrangements.

People were given the information and explanations they needed, at the time they needed them. Prior to Penna commencing care with a person they and where appropriate their families, were given information on how the service was organised and who to contact if they had any questions. People and relatives said they received the information they required. Staff gave people advice on advocacy services to assist them with making their views known. The providers 'service users' guide' given to people stressed the importance of confidentiality. Staff had received training on maintaining confidentiality.

The service worked with people receiving end of life care. In their PIR the registered manager stated, 'We work alongside other professionals in relation to providing holistic end of life care. We monitor clients in end of life or suspected end of life and refer to doctors and district nurses or others as appropriate for new equipment or pain relief, when providing end of life care'. People and relatives we spoke with confirmed staff worked cooperatively with other health and social care professionals to provide good end of life care.

People told us they would recommend the service to others. Care staff spoke with pride about the service provided. Staff we spoke with all said they would be happy for a relative of theirs to use the service.

Good

Is the service responsive?

Our findings

The service provided was person centred and based on care plans agreed with people. People's needs were assessed and plans put in place to meet their identified needs. These were regularly reviewed and altered when required.

Care records were held at the agency office with a copy available in people's homes. We viewed the care records of the people we visited. People's needs were assessed and care plans completed to meet their needs. Staff said the care plans held in people's homes contained the information needed to provide care and support. They said the registered manager and senior care staff took care to ensure any updated information was placed in care records in people's homes and at the office.

People's care plans provided a good picture of people as individuals, identified their needs and gave clear guidance on how their needs and wishes were to be met. People and, where relevant, their relatives had been involved in devising these plans. Other health and social care professionals had been consulted and their advice built into people's plans.

People said they felt able to raise any concerns they had with staff and that these were listened to. One person told us, "I did raise a problem with a staff member. They listened and dealt with it straight away". Relatives said they knew how to contact the provider if they wished to and were confident they would be listened to and changes made if required.

There was a clear procedure for staff to follow should a concern be raised. A record of complaints was kept at the agency office. In the 12 months before our inspection seven complaints had been received. We looked at the records of these and saw each had been appropriately investigated, with the outcome recorded and feedback provided to the complainant. We saw changes had been made as a result of complaints including changes to staff providing care. The registered manager told us they valued comments and complaints and saw them as a way to improve the service provided to people. They said they analysed concerns and complaints for any themes to enable them to make any required improvements.

Care staff told us they were able to raise concerns with managers. One of the care staff said, "We are well supported and can raise any concerns we have". Another said, "They listen to us and take any concerns seriously". Care staff were confident any concerns they expressed would be dealt with appropriately by the managers. Regular staff meetings were held which staff felt were useful and allowed them to 'have their say'.

A record of compliments received was also kept. Staff told us feedback on compliments was provided to them at team meetings and, where relevant, individually.

In their PIR the registered manager had stated, 'When clients are admitted to hospital or respite we communicate and assess changes and work together to ensure smooth transition between services. This showed managers and staff were aware of the need to work collaboratively with other health and social care professionals, as well as people and their families, to ensure their needs were met. People and relatives

expressed satisfaction with the way staff liaised with other professionals.

Good

Is the service well-led?

Our findings

The service had a positive culture that was person-centred, open, inclusive and empowering. Throughout our inspection we found the registered manager and senior staff demonstrated a commitment to providing effective leadership and management. They were keen to ensure a high quality service was provided, care staff were well supported and managed and the service promoted in the best possible light.

People told us they were cared for in a person centred manner. People received good care and support when they wanted it and were encouraged to be as independent as possible. This showed the vision and values of the service was being put into practice. People using the service, relatives and staff understood the aims of the service provided.

Staff we spoke to understood their roles and responsibilities. Staff spoke positively about the leadership and management of the service. They said the registered manager and senior staff were approachable and could be contacted for advice at any time.

The registered manager knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service. CQC had received appropriate notifications from the service. Accidents, incidents and complaints or safeguarding alerts were reported by the service. The manager investigated accidents, incidents and complaints. This meant the service was able to learn from such events.

The policies and procedures we looked at were regularly reviewed. Staff we spoke to knew how to access these policies and procedures. This meant clear advice and guidance was available to staff.

Quality assurance systems were in place to monitor the quality of service being delivered. These included satisfaction surveys for people using the service and staff. The most recent surveys of people using the service and staff had been carried out in September 2016 and feedback was very positive. A summary of the findings of the surveys was drawn up and sent to people and staff. Plans were in place to repeat these in 2017.

A programme of quality audits was in place. An audit of medicine administration had identified that staff sometimes neglected to sign when they had administered medicines. This had been addressed through team meetings, further training and individual supervision sessions. Audits of, care plans, accidents and incidents, compliments and complaints and communication records were also completed. These audits showed the provider carried our regular analysis of key areas to identify themes, trends and areas for improvement.

The provider had health and safety policies and procedures in place. Health and safety was seen as a priority by the registered manager. Staff lone working had been identified as a potential risk. To manage this, an on call system was in operation, where staff could ring for advice, support and guidance when needed. The senior manager on call sent a daily reminder text to all staff, asking them to make contact when they finished their last call of the day. If for any reason staff did not make contact, the on call manager

followed this up to ensure the staff member was safe. Staff told us this system worked and they appreciated the provider monitoring their wellbeing.

The provider was a member of the Gloucestershire Care Providers Association and the registered manager attended organised meetings and events. Senior staff had developed links with the local authority and attended training and meetings to keep up to date with good practice.

The provider had a clear vision for the future of the service. We were told they wanted to grow and provide care to more people. However, they were clear they would not provide a service if they felt they could not meet people's needs. In particular, they said they would not consider 15 minute care calls. They said they were planning to further develop their skills in providing high quality, person centred end of life care to people in their own homes.

At the end of our inspection feedback was given to senior staff including the registered manager. They listened to our feedback and were clearly committed to providing a high quality service valued by people and families.