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Pentowan Home Care

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 11 January 2018 and was unannounced. At the last inspection, in January 2016, the service was rated Good. At this inspection we found the service remained Good.

Pentowan domiciliary care service provides services to people in their own homes in the Newquay and surrounding areas. It supports Older People, People living with Physical Disability and Sensory Impairment. The service mainly provides personal care for people in short visits at key times of the day to help people safely maintain their independence to live in their homes. The services were funded either privately or through Cornwall Council or NHS funding. The service employed 50 staff including management.

At the time of the inspection one hundred and twenty people were using the service. People were supported by staff who knew how to recognise abuse and how to respond to concerns. The service held appropriate policies to support staff with current guidance. Training was provided to all staff with regular updates provided. The registered manager had a record which provided them with an overview of staff training needs.

People had a care plan that provided staff with direction and guidance about how to meet their individual needs and wishes. Care plans were regularly reviewed and any changes in people's needs were communicated to staff. Assessments were carried out to identify any risks to the person using the service and to the staff supporting them. This included any environmental risks in people's homes and any risks in relation to the care and support needs of the person. People told us they were involved in decisions about their care and were aware of their care plans.

The registered manager used effective systems to record and report on, accidents and incidents and take action when required. In order to learn from events the registered manager reviewed all incidents to make changes where necessary to manage risks more effectively. For example, where medicine errors had occurred the registered manager and senior staff worked with the staff member to provide additional support and training. This helped to ensure risks were reduced and staff competency met the expected level of the organisation.

Staff had been recruited safely, received on-going training relevant to their role and supported by the registered manager. They had the skills, knowledge and experience required to support people in their care.

Staffing levels were managed in a way to ensure staff were available to provide a consistent service to meet the needs of people who lived at home. Staff were knowledgeable about the people they cared for and responded appropriately as people's needs changed. For example, when people had been in hospital a new assessment was carried out before they returned home so the necessary services were available. Staff spoke positively about the people they supported and were motivated to provide an individualised service in line with people's needs and goals. Comments included, "I've been doing this job for some time. It does change but the basics are that clients get the care they need when they need it" and "We [care staff] get the

information we need if anything changes. It's really important especially when they come from hospital because more often than not we need to do more."

People confirmed there was a stable staff team and that care was provided by familiar faces. Staff told us that travel times were sufficient, so they were not rushed. People's comments included, "They [the carers] are amazing and do absolutely anything I ask" and "Nothing is too much trouble, I never feel like I am a burden."

People's feedback about their experience of the service was positive. People said staff treated them respectfully and asked them how they wanted their care and support to be provided. People told us they had their care visits as planned. Staff arrived on time and stayed for the allotted time. Nobody reported any missed visits.

Staff wore protective clothing such as gloves and aprons when needed.

This reduced the risk of cross infection. Supplies were available around the building for staff to use when they needed them.

There was a complaints procedure which was made available to people on their admission to the he and their relatives. People we spoke with told us they were happy and had no complaints.

The registered manager used a variety of methods to assess and monitor the quality of the service. These included regular audits, staff, relative and 'resident' meetings to seek their views about the service provided.

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 remains good.	Good
Is the service effective? The service remains effective.	Good
Is the service caring? The service remains caring.	Good
Is the service responsive? The service remains responsive.	Good
Is the service well-led? The service remains well led.	Good

Pentowan Home Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 11 January2018 and was unannounced.

The inspection was undertaken by one adult social care inspector and an expert by experience. An expert by experience is a person who has experience of using or caring for someone who uses this type of service.

Before the inspection we reviewed information we kept about the service and previous inspection reports. This included notifications of incidents. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern. We reviewed the Provider Information Record (PIR). The PIR provides key information about the service, what the service does well and the improvements the provider plans to make.

During the inspection we used a range of methods to help us make our judgements. This included talking with 11 people that used the service and 4 relatives. We interviewed 5 staff members.

We looked at a range of records including four care plans, records about the operation of the medicines system, three staff personnel files, and other records about the management of the service. After the inspection we contacted three professionals who were external to the service for their feedback.

Good

Is the service safe?

Our findings

People told us they felt safe. Comments included; "I never feel like my carers are in a rush to go," "I don't feel like they are clock-watching" and "I look forward to [name of carer] coming, it's the most important part of my day."

The service held an appropriate safeguarding adults policy. Staff were aware of the safeguarding policies and procedures. Safeguarding was regularly discussed at staff meetings. Staff were confident of the action to take within the service, if they had any concerns or suspected abuse was taking place. Staff received regular training updates on safeguarding adults so they were familiar with current good practice and had confidence to report any concerns they may have.

Staff were aware of the reporting process for any accidents or incidents. Records showed that appropriate action had been taken and where necessary changes had been made to reduce the risk of a re-occurrence of the incident. For example, when a medicine error had occurred. The issue was investigated by the registered manager and systems updated with this information cascaded to relevant staff to reduce the risk of it happening again. Staff had been confident to report issues demonstrating the service was open and transparent. Where incidents had occurred the service had used these to make improvements and any lessons learned had been shared with staff.

The service ensured there were enough staff to safely meet people's needs by constantly monitoring the care packages being delivered. For example, where people required two staff to support them, the service made sure those staff were working together to deliver the support at the allocated time. Two people told us, "Almost always on time. I don't have any concerns that they [staff] are not going to turn up" and "When there has been a problem they [office staff] have called me to let me know [staff name] will be a bit later. It doesn't happen often though." Office staff undertook calls to maintain the service, when necessary.

A new call monitoring system was currently being implemented by the local authority which was aimed at being more effective. The service maintained records of call times and visits so any gaps could be identified. The service used an on-call system outside of office hours and carried details of the rota, telephone numbers of people using the service and staff with them. This meant they could answer any queries if people phoned to check details of their visits or if duties needed to be re-arranged due to staff sickness. In order to respond to emergencies the service had a contingency plan in place. This identified a range of actions to take to respond effectively to an emergency situation.

Recruitment systems were robust and new employees underwent the relevant pre-employment checks before starting work. This included Disclosure and Barring System (DBS) checks and the provision of two references.

The service held a policy on equality and diversity which was to ensure people's rights were being upheld and they were not disadvantaged. Staff were provided with training on equality and diversity. This helped ensure that staff were aware of how to protect people from any type of discrimination.

People had assessments in place which identified risks in relation to their health, independence and wellbeing. There were assessments in place which considered the individual risks to people including personal care, environmental risk and mobility. Where a risk had been identified, the service identified factors which might reduce that. For example, a referral for a mobility assessment and working closely with other health professionals.

People were safely supported with their medicines if required. There were arrangements for the prompting of and administration of medicines. Support plans clearly stated what medicines were prescribed and the level of support people would need to take them. Medicine administration records (MAR) were kept as necessary to record when people took their medicines if this was part of their care package. These were audited regularly by senior care staff or the office manager to ensure they had been recorded as required. Only staff who had received training in the administration of medicines were responsible for dispensing medicines. There were strict protocols in place if families took responsibility for dispensing medicines for their relative so staff were protected.

People were protected by staff who followed good infection control practices. Staff were provided with PPE (personal protective equipment) such as gloves, hand gel and aprons. Staff had received training on infection control and understood their role in preventing the spread of infection.

Staff supported some people with their meals. Staff had received training in food hygiene and were aware of good practices when it came to food preparation and storage.

Good

Is the service effective?

Our findings

People told us they felt confident the staff supporting them had the knowledge and skills to deliver the care they required. Comments included, "When I am poorly, they [the carers] will phone my GP for me to arrange a home visit and they don't leave until it's sorted" and 'They [the carers] are really professional, I am confident that my [relative] is getting the best possible care and it means he can stay at home with me."

Training records showed staff were provided with mandatory training such as moving and handling and infection control. Staff had also undertaken a variety of further training related to people's specific care needs such as dementia care, diabetes care and medicines. People and relatives told us they felt the staff were well trained, competent and knowledgeable.

Newly employed staff were required to complete an induction before starting work. This included training identified as necessary for the service and familiarisation with the organisation's policies and procedures. The induction was in line with the Care Certificate which is designed to help ensure care staff that are knew to working in care have initial training that gives them an adequate understanding of good working practice within the care sector. There was also a period of working alongside more experienced staff until such a time as the worker felt confident to work alone. Staff told us they had shadowed other workers before they started to work on their own. A staff member told us, "It was really important that I worked with other staff, to get more knowledge of the clients I support and to gain more confidence. I never felt rushed or under pressure to work alone until the manager and myself was ready." This demonstrated the staff team were well supported and listened to.

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. The registered manager and staff had received training on the MCA. There was also a policy on the MCA which was accessible to staff. Staff we spoke with were knowledgeable about how the Act applied to their role.

Staff told us they asked people for their consent before delivering care or support and they respected people's choice to refuse care. People we spoke with confirmed staff asked for their agreement before they provided any care or support. Care records showed that people signed to give their consent to the care and support provided.

Staff told us they felt supported by the registered manager and the management team. Records showed staff received regular supervision and had a yearly appraisal which allowed the management team or member of staff to discuss any performance issues or further training needs. Supervision is a process where members of staff meet with a supervisor to discuss their performance, any goals for the future, and training and development needs. One staff member said; "We have regular sit down one to ones' and also supervision on the job. In addition senior staff carried out 'spot checks' to observe various aspects of

practice. Where development needs were identified this was discussed with the staff member and a plan of support put in place. Staff told us they found this a positive way of helping them develop and to make sure they were working safely and effectively.

People's needs and choices were assessed in their own homes prior to the service commencing. The registered manager or senior staff made sure they had all the information they needed to ensure they provided a safe and effective service. Information was gained from the person or their families as well as other health and social care professionals. One person said, "I was visited by [staff name] before they [staff] started to come and help me. When I was in hospital they [managers] got all the information to come more after I came home." These assessments assisted staff to develop a care plan for the person so care was delivered in line with current legislation, standards and guidance. By gaining this information it helped ensure people's needs and expectations could be met by the service. People were asked how they would like their care to be provided. This information was used as the basis for their care plan which was created prior to and during the first few days of receiving a service.

Staff encouraged people to maintain their health by supporting people to access services from a variety of healthcare professionals including GPs, occupational therapists, dentists and district nurses. The registered manager provided examples of times when they had requested professional support from health and social services where it had been noted people's health needs had changed. This demonstrated the service was acting in the best interests of people they supported.

Some people required support at mealtimes to access food and drink of their choice. Staff had received training in food safety and were aware of safe food handling practices. People told us, "My carer does a lovely job cooking for me, I look forward to it every day" and "My carer makes me a cup of tea as soon as she gets here and makes sure I drink plenty. She always makes me one before she leaves too."

Good

Is the service caring?

Our findings

Without exception people told us the staff were caring in the way they supported them. They told us they were treated with dignity and we received the following comments; "The staff are lovely, not a bad one amongst them," "The carers that come are friendly and professional," "They [care staff] are always polite and cheerful. I know that's their job but they seem to really want to be here, not like it's a chore" and "One of the carers likes to sing when she works so we have a good old sing-song, I enjoy that."

People told us they were involved in their care and decisions about how they wanted to receive support. They told us staff always asked them if it was alright with them before providing any care and support. One person said, "[Carer] is lovely and doesn't make me feel uncomfortable. [Staff name] helps with my personal care but makes sure I am never embarrassed." People were encouraged to make decisions about their care, for example, what they wished to wear and what they wanted to eat if staff were preparing their meals. Where possible, staff involved people in the development and review of their support plans.

Staff described how they developed positive relationships with people and with their family. A staff member said, "We [staff] get to know people well especially when we are caring for them for a long time. It really does make a difference to gain their confidence. It's also important for the families to feel secure knowing their loved one is being cared for." One person said, "I have excellent carers. I look forward to them coming every visit. They are very kind and respectful."

By speaking with staff and families we concluded that people were receiving care and support which reflected their diverse needs in respect of the seven protected characteristics of the Equality Act 2010 (regarding age, disability, gender, marital status, race, religion and sexual orientation). We found no evidence to suggest that anyone who used the service was discriminated against. One person told us that they felt staff were never judgemental. They said, "II's nice, I don't feel like they [care staff] treat me any different because I'm disabled."

People told us staff were kind, compassionate and caring toward them. They told us staff were enthusiastic about their role in supporting people. They said staff took the time they needed to support them and provide the care which had been identified to be delivered. Comments included, "They [care staff] are respectful to our home. Its small things, like they wipe their feet" and "Staff are polite, both the carers and the ones in the office when they phone up."

The way staff described how they supported people demonstrated they understood what person centred care meant and delivered the support to people in a very personalised way. For example a staff member described how a person liked to be supported in a certain way and had a specific routine. The staff member recognised this was important to the person and followed their instruction. This demonstrated staff knew what person centred care meant and could deliver it in a kind and patient way.

The culture within the staff team was positive. From discussions with staff it was clear that respect for individuals was at the heart of the service's values. People told us that staff supported and encouraged them

to maintain their independence. One person said, "I feel like they [care staff] respect me and my husband."

People told us staff respected their privacy and dignity. We received positive comments about how respectful care workers were when they worked with people in their own homes. One person said, "All the staff are so patient. I never feel rushed at all." Another care worker told us how important it was that they reassured people and made sure they were comfortable. Staff records that showed privacy and dignity was covered during staff supervisions so staff understood the importance of it.

Care plans contained information about how people communicated their needs. The daily records demonstrated a kind and sensitive approach to people. During our inspection we visited two people receiving a service in their own home. They told us the staff were friendly, professional and kind. They told us nothing was too much trouble for the staff. Staff described how information was communicated between the main office and community staff. Staff told us they regularly visited the office for rotas and for any briefings they may need as well as having information given to them through telephone calls. Staff were bound by the services confidentiality policy which staff were familiar with and followed.

People told us reviews were taking place of their care and support and they were confident to call the management team at any time if they wanted to discuss their support needs. One person said, "I've just called recently and asked for one of the visits to stop because I want to be more independent and think I can manage. They [managers] have been very kind and accommodating. The registered manager contacted people using the service on a regular basis to ensure they were happy with their care and that their needs were being met.

There was information available for people held at the main office about community organisations and advocacy services that could provide independent support and advice was available.

Good

Is the service responsive?

Our findings

The service was responsive to people's needs because an appropriate care needs assessment had been carried out by the service which identified what each person's individual's needs were and ensured an appropriate care plan was in place to meet these needs. People told us, "I have the same carers all the time so they know what I like and don't like, it's lovely," "I always feel involved in my care. They [care staff] often talk to me about what I need and if anything has changed" and "I see the same faces so that makes me feel comfortable."

Staff spoke knowledgeably about how people liked to be supported and what was important to them. A staff member said, "We respect everybody for who they are and clients like having things done in different ways. We [staff] respect that and try and accommodate those wishes where we can,"
Peoples' care plans reflected their physical, mental, emotional and social needs and took into account relevant protected characteristics under the Equality Act. There were details regarding personal history, individual preferences, interests and aspirations. Staff demonstrated a good understanding of people they supported and were aware that people should have as much choice and control over their lives as possible. For example, care plans provided clear guidance to staff about appropriate levels of support which did not undermine a person's independence and ability to continue to carry out care and domestic tasks for themselves wherever possible. For example, "Uses frame to support when walking. Needs encouragement to help maintain independence." As people's needs changed their care records were updated so staff were responding to current needs.

People or those with authority to act on their behalf, had contributed to planning their care and support. Two people told us they had been involved in their care planning and review. One said, "[They staff] are always talking to me about what I need and if there are any changes I might need."

Care documentation informed staff of the person's background and how they would like to receive support. It identified the person's communication needs and this was shared with other agencies when necessary. For example, where people had memory difficulties or impairments of sight and/or hearing. This was clearly set out in the care plan with guidance for staff about the most appropriate way to communicate with the person.

There were times when staff supported people at the end of their life. This included working alongside community nurses to help ensure people experienced a comfortable and pain free death. This allowed people to remain comfortable in their familiar, homely surroundings, supported by familiar staff. There was limited information about people's end of life wishes
Daily notes were consistently completed and helped staff on the following visit to get a quick overview of any changes in people's needs and their general well-being. People had their health monitored to help ensure staff would be quickly aware if there was any decline in people's health which might necessitate a change in how their care was delivered.

The registered manager and management team worked closely with the local authority to provide timely

support to people. The registered manager told us that if people's needs could not be met their care packages were not accepted. Staff told us if they found people's care calls were too long or to short this information was reported to the office so a reassessment of the person's needs could be undertaken. Staff supported people in emergency situations and escorted them to hospital. The registered manager and senior staff told us there were good relationships in place with local health care professionals and with the local authority. One healthcare professional told us, "I have always found them approachable and reliable, receptive to the requests of Health Care professionals. I have a good working relationship with them and they are a well-known in the local area. On a couple of occasions, I have reason to report areas in need of improvement such as Carers not arriving due to breakdown in communication. The registered manager acknowledged this and told us they responded to any issues around calls swiftly to address the issue.

A complaints procedure was in place. People said they would raise a complaint if they needed to, however the people we spoke with said they had no complaints to raise. Complaints raised were investigated and the outcome was recorded, this information was shared with the complainant. Where a person felt they there was a personality conflict they told us the service acted promptly for a positive outcome. The person said, "It wasn't about the things that [the carer] was doing, just that I couldn't get on with them. I raised it with the office because I wasn't happy and they changed the situation straight away for me."

Good

Is the service well-led?

Our findings

There was a registered manager in post. 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 operated in an open and transparent way by being inclusive with its staff team and the people it supported. The registered manager focused on putting people first, working together and ensuring care was person centred and individualised. The registered manager and senior staff regularly monitored the operation of the service through frequent spot checks and audits. These included checking care practice, checking records which demonstrated people received their visits on time; checking medicine records were accurately completed, monitoring care plans to ensure they were of a good standard and regularly reviewed and monitoring accidents and incidents.

Staff told us they could visit the office to speak with members of the senior staff team and the registered manager. One staff member said, "I often come in besides my weekly call for my rotas. Always made to feel welcome and I can discuss anything whether it's about work or personal.

People, relatives, staff and healthcare professionals told us the registered manager was approachable and friendly. The registered manager had overall control of the service and its systems but was supported by senior staff including an office manager. All senior staff supported community staff when necessary and to retain their necessary care skills and so they were aware of day to day issues. The registered manager believed it was important to make themselves available so staff could talk with them, and to be accessible to them. A staff member told us, "Having [registered manager] around is good because we know that if we hit a problem either they or the office staff are there to support us."

Services are required to notify CQC of various events and incidents to allow us to monitor the service. The service was notifying CQC of any incidents as required, for example accidents, incidents and deaths. The registered manager and staff had a good? understanding of their roles and responsibilities.

There was a clear vision and strategy to deliver high quality care and support. There were clear lines of accountability and responsibility both within the service and at provider level. The registered manager was supported by a deputy manager, senior care staff and a motivated team of care and ancillary staff. The registered manager and core staff team were responsible for the day to day running of the office and supervision of care workers. Staff told us they believed the service was well led. Comments included, "I feel completely supported by the manager" and "Knowing the support is there when we need it is very satisfying."

The service had robust quality assurance arrangements in order to raise standards and drive improvements. The service's approach to quality assurance included completion of an annual survey. The results of the most recent survey were positive. There was also a system of audits to ensure quality in all areas of the

service was checked, maintained, and where necessary improved. The registered manager and office manager regularly completed audits and reviewed the results to identify any necessary changes. For example, if new care packages were agreed, they were monitored to ensure they could be met. The service was realistic about liaising with other professionals when packages of support were problematic. This demonstrated the registered manager understood and responded the key challenges, concerns and risks to the service provision.
There was an equal opportunities policy in place and the management team promoted equality and inclusion within its workforce. There were examples of the registered manager adapting to the needs of individual staff through personal discussion. For example, staff's physical and emotional needs.

The registered manager ensured all relevant legal requirements, including registration and safety obligations, had been complied with. The previous rating issued by CQC was displayed. The registered manager felt staff had a clear understanding of their roles and responsibilities. This was evident to us throughout the inspection. There were also policies in relation to grievance and disciplinary processes.

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