Petals Care Agency

Petals Care Agency

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 comprehensive inspection took place on 23 November 2017 and was announced.

Petals Care Agency is based in Chigwell, Essex. This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults.

Not everyone using Petals Care Agency receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

At the time of our inspection, 15 people were using the service, who received personal care. The provider employed 15 care staff, who visited people living in the local community.

The service had 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 care services, 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.

Systems were in place to ensure people were protected from the risk of abuse. Staff were able to identify different types of abuse and knew how to report any concerns.

People received care at home from staff who understood their needs. They had their individual risks assessed and staff were aware of how to manage these risks.

The provider had sufficient numbers of staff available to provide care and support to people. Staff had been recruited following pre-employment checks such as criminal background checks, to ensure they were safe and of good character.

Once recruited, they received an induction, relevant training and were able to shadow experienced staff in order for them to carry out their roles effectively.

Staff provided safe care in people's homes. When required, staff administered people's medicines and recorded medicines that they administered on people's Medicine Administration Records (MAR). They had received training on how to do this.

Staff told us that they received supervision, support and encouragement from the registered manager. Senior managers took action where necessary to improve staff performance.

Staff had an understanding of the Mental Capacity Act 2005 and knew the principles of the act. People's care and support needs were assessed and reviewed regularly.

The provider worked with health professionals if there were concerns about people's health. People were registered with health care professionals, such as GPs and staff contacted them in emergencies.

People were supported to have their nutritional and hydration requirements met by staff, who provided them with meals and a drink, when they requested.

People were treated with respect and their privacy and dignity were maintained. They were listened to by staff and were involved in making decisions about their care and support.

Care plans were person centred. They provided staff with sufficient information about each person's individual preferences and how staff should meet these in order to obtain positive outcomes for each person.

People were able to access information they were able to understand to help keep them informed and safe. A complaints procedure was in place. People and their relatives knew how to complain and give feedback about their care.

The provider was committed to developing and growing the service. They used technology to help manage the service, where needed. Staff were able to raise any concerns and were confident that they would be addressed by the management team.

The management team carried out regular spot checks on staff providing care in people's homes to ensure they followed the correct procedures and people always received safe care.

Feedback was received from people and relatives to check they were satisfied with the service and to help make improvements. The registered manager ensured lessons were learned following serious incidents.

The registered manager had instilled a positive culture of working together with staff, to help develop the service and monitor the quality of care provided to people.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. Staff understood how to safeguard people from abuse. They were aware of their responsibilities to report any concerns.

A safe recruitment procedure was in place to ensure staff were suitable and of good character.

Risks to people were identified and managed safely by staff.

Staffing levels were sufficient to ensure people received support to meet their needs.

People received their medicines safely when required and staff received training on how to do this.

The provider was able to learn from lessons and improve the safety of the service when required.

Is the service effective?

Good

The service was effective. Assessments of people's needs were carried out to ensure effective outcomes for their care. Changes in people's care needs were updated in their care plans.

People had access to health professionals to ensure they were in the best of health. Staff assisted people with their nutritional requirements.

Staff understood the requirements of the Mental Capacity Act 2005 (MCA).

Staff received appropriate inductions, training, and support.

Is the service caring?

Good

The service was caring. People received care from staff who were kind. They were treated with dignity and respect.

People and their relatives had involvement in the decisions made about their care.

Staff were respectful of people's privacy and personal information. They were familiar with people's care and support needs.

Staff had developed caring relationships with the people they supported.

Is the service responsive?

Good

The service was responsive. The provider ensured information was accessible to people in a way they could understand it.

Care plans were person centred and reflected each person's needs and preferences.

A complaints procedure was in place and people knew how to make a complaint about the service.

Is the service well-led?

Good

The service was well led. Staff received support and guidance from the management team.

People and their relatives were happy with the management of the service.

There was a quality assurance system in place to check if people were satisfied with the service provided.

Petals Care Agency

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

The inspection took place on 23 November 2017. This was an announced inspection, which meant the registered provider knew we would be visiting. This was because it was a domiciliary care agency and we wanted to make sure that the registered manager, or someone who could act on their behalf, would be available to support us with our inspection. The inspection team consisted of one adult social care inspector.

Before the inspection, we reviewed the information we held about the service and provider. We looked at any complaints we received and statutory notifications sent to us by the provider. A notification is information about important events which the provider is required to tell us about by law. We also contacted health and social care professionals and commissioners for their feedback on the service.

During the inspection, we spoke with the registered provider who was also the registered manager, a deputy manager and a recruitment manager.

We looked at seven people's care records and other records relating to the management of the service. This included six staff recruitment records, training documents, rotas, accident and incident records, complaints, health and safety information, quality monitoring and medicine records.

After the inspection we spoke, by telephone, with two care staff. We also spoke with two people and one relative for their feedback about the service.

Good

Is the service safe?

Our findings

People who used the service and relatives told us they felt their family member was safe. One person said, "Yes I feel very safe." Another person told us, "Oh yes, the carers are careful and safe."

People told us that staff usually arrived on time or were notified by the service if, for example, their care worker was unable to attend because of sickness or were running late due to traffic. People said that care staff arrived and stayed for their allocated time. One person said, "Carer will let me know if they are running late. They are usually on time."

People were protected from the risk of abuse and there was a safeguarding procedure in place for staff to follow. Staff were aware of their responsibilities for safeguarding people and understood how to report any abuse; such as physical, financial or verbal abuse. One member of staff said, "I would report it to my manager if I suspected something was wrong or a client was being abused." Staff had knowledge of the whistleblowing policy, which enabled them to report any concerns they had about their employer to regulatory authorities, such as the police or the Care Quality Commission.

Staff were monitored by managers to make sure they arrived at people's homes on time and managers were kept updated by staff who were running late for their calls due to traffic or delays. Staff visits were monitored at all times, including out of hours and at weekends. Rotas showed the days and times care was to be provided to people. We found that daily records and timesheets showed that staff completed their tasks and calls for the scheduled times. Staff were also able to contact the registered manager or the deputy manager, who were on call during out of office hours and weekends, in case of an emergency. Cover arrangements were made when staff were unavailable to provide care to people. For example, if staff were unavailable, the managers who were based in the office, ensured they or another care staff member visited the person. Staff told us they had enough time to travel between their visits to people and deliver the support detailed in people's care plans. One staff member said, "I am happy with my schedule and rota. I am able to get to my clients on time."

Where people received care and support, any risks to them were identified during assessments of their needs. Risk assessments were undertaken, which informed staff how to manage and reduce these risks, to keep people safe. Care plans contained this information and any actions that were required to be taken. The assessments identified what the risks might be to the person and what type of harm may occur. These included any risks with the person's mobility, their home environment and any risks associated with skin deterioration. One person's risk assessment stated that staff were to support them when they were standing or walking at all times and ensure they used the person's mobility aid because they could fall. Staff followed the provider's infection control procedures. They told us they used hand sanitisers, gloves and aprons, to prevent the risk of infections spreading when they provided personal care.

Staff checked that all care equipment they used was safe so that they could deliver effective care and support. They reported any faults with equipment to the office. We saw that one person required the use of an oxygen pipe at all times to help them breath. Although staff were not required to fit or handle the pipe,

they had to check that it was plugged in and the power was on. There was also guidance in place for staff on the health and safety aspects of the oxygen pipe so that they were aware of any potential risks or dangers. The guidance was in the person's care plan and the registered manager told us it was also posted on a wall in their home, next to the equipment, so that it was visible for people to see.

There were safe recruitment procedures in place. The provider carried out the necessary criminal checks to find out if the applicant had any convictions or were barred from working with people who use care services. We saw that new staff completed application forms and provided two references, including a character reference. Evidence that the applicant was legally entitled to work in the United Kingdom was also obtained. Applicants were required to list their previous experience where applicable and their employment history. For two staff, we noted that their application forms did not contain their full employment history and only covered a brief period. This was in contrast to another staff's application which contained their full work history, including their CV. We addressed this with the registered manager who told us they recruited some staff who they had previously employed, when they managed another provider. They said, "I knew a lot of the staff as they worked with me before. A lot of staff didn't have a full work history because of their personal circumstances." However, they assured us that they would check that future employment application forms contained more thorough background information in future, to ensure a more consistent and fair recruitment process.

Staff were observed by the care coordinator during spot checks, which are observations of staff to ensure that they were following safe and correct procedures when delivering care. We saw spot check records, which showed that staff were observed carrying out safe care while wearing their identification badge and uniform. During spot checks, staff were also observed prompting and administering medicines to people for their competency to safely administer medicines, when required.

A medicine policy and procedure was in place for staff to administer medicines safely. Staff recorded the medicines they administered on the Medicine Administration Record (MAR) sheets, which contained details of people's medicines and their personal details. We saw that MAR charts were completed and were accurate. Any risks, such as allergies people had to certain medicines, were highlighted in medicine risk assessments. Records showed that staff were assessed as competent to manage medicines. However, most people self-administered or were provided their medicines by family members. One person told us, "I have my medication on time. The carers help me with it. No problems." Another person said, "They don't give me my medication. I take them myself but they make sure I have taken them."

The registered manager and staff were aware of what actions to take in the event of accidents or incidents occurring. We saw records of any incidents that had taken place. The provider was committed to learning from incidents to ensure that there was continuous improvement and people using the service remained safe. They had notified us of a serious incident that took place in a person's home, involving the person's family members, which affected staff morale and confidence. The registered manager said, "I learnt that our staff need as much support as our service users. Sometimes they will need emotional support or counselling, if they have seen upsetting things. I make sure all of us are vigilant in people's homes so that we keep everyone safe. Things can happen that are not in our control." We saw that staff affected by the incident, were happy to continue providing care to the person. They signed an agreement that they understood who to contact in case of an emergency or a serious concern. This meant that the provider was able to analyse and learn from incidents. They checked that staff had also learned from the incident and supported them to ensure they were confident in meeting the challenges of their work.

Good

Is the service effective?

Our findings

People and relatives told us staff met their individual needs and that they were happy with the care provided. A relative said, "They are very good. They know what to do and seem well trained and knowledgeable." One person told us, "They make sure I get what I need."

We saw there was a training and induction programme in place for new staff. Staff had received training in safeguarding adults, communication, basic life support, end of life care, food safety, infection control and the Mental Capacity Act 2005 (MCA). Staff told us they were supported by senior staff and the training helped them to perform in their roles. Care Certificate standards was incorporated into the training. The Care Certificate is a set of 15 standards and assessments for health and social support workers who are required to complete the modules in their own time. Staff that completed the standards or a diploma received a certificate to show they had a qualification in health and social care. New staff were able to shadow current staff to help them settle into their role providing personal care to people and learn. One staff member said, "I had an induction and received training. I did some shadowing and was able to read all the policies we needed to know."

Staff were monitored and their performance and skills to carry out their work were reviewed. Supervisions took place every quarter, where staff had the opportunity to discuss any issues or concerns with their line manager. Topics included any safeguarding issues, training needs, their wellbeing, team working and any achievements the staff member had made. Records confirmed that supervision meetings took place regularly. Appraisals for staff that had been working for the provider for a year were in progress. Staff were able to comment on their work during spot check assessments of their performance. We saw that one staff said, "I am happy and pleased working at Petals. I am able to support people and put into practice all acquired skills."

We looked at the provider's policy on the MCA. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked that the provider was working within the principles of the MCA.

Staff understood their responsibilities under the MCA and what this meant in ways they cared for people. Assessments of people's capacity to make decisions for themselves were undertaken, when required. We saw that people were asked for their consent for the provider to provide care and signed a declaration document to confirm it. If they were unable to sign it, family members signed the declaration on their behalf because it was in their best interest.

The provider received referrals from the local Clinical Commissioning Group (CCG) or the local authority, who referred people that required assistance with personal care at home. The CCG is a local health service that works with patients and healthcare professionals and in partnership with local communities and local

authorities. We saw assessments of people that required support, which set out the needs of the person. Discussions were held with other health or social care professionals for further information. Referrals were also received for people who wished to purchase their care privately.

Each person had a copy of their care plan in their home, which contained details of what support people wanted for each part of the day, such as in the morning and in the evening. Care plans were supported by a document compiled by the local authority, which contained background information on the person's health needs and history. People's needs were assessed by the provider before the person started to use the service. The provider produced their own care plan based on the outcomes the person wished to achieve and ensured they were in line with recognised health and social care guidelines. The plans were divided into sections, with each section detailing the specific needs of the person, such as assistance with their personal hygiene, continence, nutrition, fluids, medicines and their mobility. One person's outcome was for care staff to "assist them with their daily care and living needs and enhance their emotional well-being and independence."

Care plans were reviewed and updated to reflect people's changing needs. However, we saw that one person's care plan was due to be reviewed in early November but had yet to be updated. We addressed this with the registered manager, who told us that this was put on hold. They would make the necessary updates to the person's care plan after they met with a social care professional to discuss the person's needs.

Staff had received training in equality and diversity. This helped staff understand how to treat people equally, irrespective of their race, sexuality, age or gender. Staff we spoke with had a good understanding and were respectful of all people's care needs, personal preferences and their religious beliefs.

People were supported to have their nutritional and hydration requirements met by staff and told us that staff provided them with meals and a drink, when they requested. One person said, "I can feed myself but I need the carers to prepare my meals and drinks. They do this for me. I get lunch and breakfast. I tell them what I like to eat." Care plans stipulated if staff were to support people with meals or if the person's relatives were responsible for this.

People's care was planned and delivered to maintain their health. Records confirmed that people's relatives and their GP were informed of any concerns raised about people's wellbeing or any deterioration in their health. One person said, "The carers look out for me and would call someone if I was not well." Staff were aware of how to respond to any concerns they had about a person's health. A member of staff said, "We will call the doctor if we see our client is not well. We have the doctor's details on the care plan."

Good

Is the service caring?

Our findings

People and relatives told us that care staff treated them with respect and kindness. One person said, "Very caring indeed." Another person said, "Yes definitely. They're nice people. They help and look after me."

People received care from staff who were familiar with their care and support needs. They and their relatives confirmed they usually had the same staff providing care. This helped with consistency and enabled people to have a positive relationship with care staff. People and relatives told us they felt comfortable with staff who visited them regularly and enjoyed their company. A relative told us, "[Family member] gets on well with the staff. They understand each other."

Staff had a good understanding of all people's care needs and personal preferences. One person said, "They are respectful and kind. They know what things I like." Staff respected people's privacy and their homes and told us they entered people's homes, by ringing the doorbell before announcing themselves and greeting the person or their relatives.

People and relative told us staff were friendly and helpful and treated them with dignity. A relative told us, "The carers have an understanding of [family member's] needs. They are considerate and sensitive." One member of staff told us, "When giving personal care, I close the door to give them privacy and cover the person up." Another member of staff said, "I speak to people respectfully and treat them as I would like to be treated."

People and their relatives were involved in making decisions about the person's care plan when it was reviewed and updated. They signed the plans to evidence that the contents of the care plan was discussed and agreed with them, as well as provide their consent to care being delivered.

People's care records identified their specific needs and how they were met. Although most people had limited mobility, we saw that they were supported to remain as independent as possible by staff. They required assistance from staff for most of their needs; although they were able to leave their homes for some fresh air if they wanted to, with support. For example, we noted that one person's care plan said, "Assist [person] with getting out of bed and showering. Take them for a walk with the Zimmer frame."

The registered manager was aware of how to access advocacy services to enable people to have a 'voice', air their views and to ensure their human rights were protected. People's personal information and care plans were filed securely in the office, which showed that the provider recognised the importance of people's personal details being protected. Staff said they were aware of confidentiality and adhered to the provider's data protection policies. One member of staff told us, "I definitely make sure I don't share confidential information with anybody."

Good

Is the service responsive?

Our findings

People and relatives told us the service was responsive and said that they were satisfied with the care their family members received. They were complimentary about the service and said they were happy with their regular carers and care arrangements. A relative told us; "The carers are very good. They are flexible and are supportive of [family member]."

People told us should the service need to allocate a different care worker to them, they were always informed. People also said that the carer's stayed for their allocated time. One person said, "They stay for as long as I need them. They come a few times a day so it is very regular."

People confirmed that they had a care plan. Care plans were personalised and included details on how the person wanted their care to be delivered, their likes and dislikes and some details about their social, religious and cultural requirements. For example, one person's care plan said, "Ensure service is tailored to [person's] personal likes and dislikes. Ask [person] before doing anything and communicate with [person] as you are attending to them." This ensured people received a personalised service and staff responded to people's requests and needs.

Some people were supported with palliative care, which meant they had a terminal illness and were reaching the end of their life. We found that staff ensured people were comfortable, were cared for and regularly checked up on. Support was received from health professionals, such as nurses, who provided advice to staff on managing people's end of life care sensitively and in accordance with their wishes.

The management team contacted people who used the service to check that they were happy with the level of care. This ensured that care was being delivered and people were satisfied with the service and their care worker. We saw records of assessments and observations of staff who provided personal care. We looked at daily records written by staff and found that they contained details about the care that had been provided to each person and highlighted any issues. This helped to monitor people's wellbeing and respond to any concerns.

Organisations that provide NHS or adult social care must follow the Accessible Information Standard (AIS). The aim of the AIS is to make sure that people that receive care have information made available to them that they can access and understand. The information will tell them how to keep themselves safe and how to report any issues of concern or raise a complaint.

We spoke to the registered manager about how people could receive information in a way that they can access and understand. We saw a leaflet that contained easy to read information on what the service could provide and how to contact the provider. People's communication needs were identified and recorded in people's care plans with guidance on how to meet those needs.

Staff we spoke with were not fully aware of the AIS but told us they were able to provide necessary information by communicating with people by using simple phrases and signs. A member of staff told us, "I

can communicate well with my clients. I look at their body language and use signs and simple language." One person said, "I find it easy to speak to the carers. We understand each other."

A complaints procedure was in place. Staff were aware of the complaints process and knew how to support people to complain. Since the service registered with the CQC, the provider had not received any formal or written complaints.

However, where people were unhappy about aspects of the service such as staff lateness, they told us they would contact the office to make an informal complaint. The registered manager received verbal feedback and addressed any concerns people had about the service. One person told us, "I told them, that I was not happy with one of the carers so they made some changes. I was happy with the change. If I need to complain, I know what to do. They would know about it straight away."

Good

Is the service well-led?

Our findings

People told us the service was well managed and said they and were happy with the way the service delivered care to them. One person said, "The managers are available when we need to contact them." People and relatives told us they were kept up to date and informed of any changes by the management team. They confirmed they had been visited by the registered manager or other senior staff. One person said, "Yes the manager comes to see me. I know [registered manager] well. They are very good."

The registered manager notified us of incidents that took place in the service, which providers registered with the CQC must do by law. The service was managed by the registered manager, who was also the registered provider. We contacted local commissioners for their feedback on the quality of the service and they told us that the service was managed well and they had no concerns.

The provider worked with other care providers to support people living in their homes and had developed effective partnership arrangements. For example, some people required 24 hour nursing care, which was provided by another service, in addition to the care delivered by Petals Care Agency. We saw that Petals Care staff worked in coordination with other services to ensure people received the care they needed at all times. The registered manager told us, "We recruit staff who are genuine, caring and have a good heart because we have to look after a lot of people who live on their own. We have a good relationship with commissioners and other agencies." The deputy manager said, "I have worked with [registered manager] before and we work very well together. We all step in and help each other out."

Staff said they were happy with the management of the service and were confident they could approach the management team with any concerns. We found that the management team and staff worked well together. One member of staff said, "The managers are very nice. They are good people. The carers are all pleasant." Another member of staff said, "We are a good team. Everyone is supportive."

The management team monitored that care workers were following their individual rota at the scheduled times. The deputy manager said, "We always ring carers and clients to check that they [staff] have turned up." The registered manager told us that the systems to monitor the service were effective for a small provider that supported a limited number of people, at the time of our inspection. Therefore, they had not introduced new technology, although an online system was in place to help organise rotas and process payments.

Daily records contained information on personal care tasks that were carried out and helped staff to follow up on any concerns and report on the wellbeing of each person. The records were brought back to the office and checked to ensure they were being completed appropriately. We looked at records of direct observations of staff practice and competency when carrying out personal care and saw that they were completed by the registered manager or deputy manager. They highlighted any improvements required in their work, such as advising that staff undergo additional training in specific areas to help them "refresh their knowledge."

Staff attended team meetings where the management team discussed topics such as feedback from people who used the service, training, housekeeping, rotas and timesheets. The meetings helped to keep staff informed of important information and provided them with guidance.

There were quality assurance systems in place to monitor and improve the quality of the service. The provider used spot checks and phone calls to gain people's views about their care and support. People and relatives completed feedback forms. We found that feedback received was positive and indicated people were happy with the service provided. One relative of a person wrote in their feedback, "I have been impressed with the care and competency of or carer. I can trust them enough for my life to take shape and can give more time to my [family member]." Another relative had written, "Very happy with the carers Petals Care send to my [family member]."

The provider was in the process of sending out annual questionnaires and surveys to people for the first time as the service had been operating for one year. Surveys helped to ensure people were satisfied with the care and support that was delivered.