

Pinnacle Caring Services Ltd

Pinnacle Caring Services Limited

Inspection report

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17 October 2019

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Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

Pinnacle Caring is a domiciliary care service providing 24 hour care and support to people in their own homes. They were providing a service to two people at the time of the inspection.

The service did not have a registered manager. The registered provider had full oversight of the service and supported the inspection process.

People's experience of using this service and what we found

The registered provider had not reviewed and kept their policies and procedures up to date to reflect best practice guidance. Audit systems were in place but had not been consistently completed to ensure areas for development and improvement were identified in a timely manner.

Medication was managed safely. Staff who managed medication had completed the required training and had their competency regularly assessed. Staff had access to best practice guidelines to support their practice. Medication administration records (MARs) were fully completed. We have made a recommendation about the auditing of medication.

People were supported by staff that had been safely recruited and had received training to support them in their role. There were enough staff to meet people's needs and people told us regular staff visited them and had got to know them well.

People's needs were assessed before they were supported by the service. Each person had a care plan that included their preferences and routines. Care plans were person centred and held sufficient information to guide staff on how best to meet people's needs. People told us staff were kind, caring and attentive. Staff had a clear understanding of how to meet people's individual needs. Staff supported people in the least restrictive way possible and in their best interests.

Staff had received training on how to keep people safe. They told us they felt confident to raise any concerns they had about people's safety.

Staff had received infection control training and followed good practice to minimise the risk of infection being spread. People's privacy and dignity was respected, and their independence promoted to the full. People spoke positively about the service and the staff that supported them.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update: The last rating for this service was requires improvement (published 11 October 2018) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulation 18 however; improvements were still required to regulation 17.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Pinnacle Caring Services Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

The service did not have a manager registered with the Care Quality Commission. The registered provider was legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider would be in the office to support the inspection.

Inspection activity started on 8 October 2019 and ended on 17 October 2019. We visited the office location on 8 and 17 October 2019.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan

to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with one person who used the service and one relative about their experience of the care provided by email. We visited one person in their own home. We spoke with three members of staff and the registered provider.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Staff that administered medicines had completed training and had their competency regularly assessed.
- Medicines policies and procedures were in the process of being reviewed and updated to ensure they included the most up to date guidance.
- Medicine administration records (MARs) were in place and fully completed.
- Audits were completed to ensure people received their medicines safely.

We recommend that audits are undertaken more frequently to ensure areas identified for development and improvement are promptly addressed and actioned.

Staffing and recruitment

- Recruitment procedures had improved and are safe. At the last inspection we highlighted some gaps within the providers recruitment processes which had been addressed.
- Pre-employment checks were carried out on all staff before they started employment.
- People were supported by a small team of regular staff.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person commented "I feel very safe when staff are moving me using the hoist or other equipment."
- Staff had completed safeguarding training and completed refresher updates. They told us they felt confident to promptly raise any concerns they had.
- Staff had access to the local authority safeguarding policies and procedures. Safeguarding policies were reviewed and updated during the inspection process to reflect good practice.

Assessing risk, safety monitoring and management

- Risks were assessed and identified before a person received a service. These risks were mitigated where possible. People's independence was promoted.
- Risk assessments were regularly reviewed and updated when any changes occurred to ensure staff had access to the most up-to-date information.

Preventing and controlling infection

- Staff received training about infection control and followed good practice guidance. They also completed an infection control handbook to assess their competence.
- Staff had access to personal protective equipment (PPE) and people confirmed this was used.
- Staff explained safe practice to reduce the risk of infection being spread which included effective hand washing.

Learning lessons when things go wrong

- There had not been any accidents or incidents since the last inspection. Staff told us they had access to records to complete following any accidents or incidents that occurred.
- The registered provider told us accidents and incidents would be reviewed by them to identify any themes and trends.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff received the required refresher training. We also found staff had not consistently received regular support and supervision. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- During this inspection, we found all staff had completed the required training for their roles and staff now had the necessary knowledge, skills and experience to perform their roles.
- People's comments included; "Staff Name' and 'Staff Name' have the skills and knowledge to do the job" and "Staff always listen to my needs and wishes."
- Records to evidence the completion of induction when staff started work were incomplete. Staff described the induction process they had followed and confirmed they had felt prepared for their role.
- During this inspection, staff told us they felt well supported and the provider was available at all times when they were working.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were fully assessed prior to being supported by the service. One person said; "I was fully involved in the assessment of my needs and development of my care plan."
- People, relatives of their choice and health and social care professionals where appropriate were fully involved in the assessment of people's needs.
- Daily records were completed by staff and included details of all care and support provided in line with people's preferred routines and choices.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink in accordance with their assessed dietary needs and personal preferences.
- One person told us they enjoyed preparing meals with their staff and welcomed new ideas and recipes to try.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People received the care and support they needed. The service referred people to health and social care

professionals where appropriate.

- People told us staff contacted the GP or district nurse when required.
- The registered provider had information about local advocacy services available if required to ensure their views were represented.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- Records which demonstrated that mental capacity assessments and best interest decisions had been carried out were not always robust enough. The registered provider immediately addressed this.
- Staff had received training in the MCA and assumed people had capacity to make decisions, unless assessed otherwise.
- People were involved and consulted in all decisions about their care and support.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness, respect and compassion.
- People's comments included; "I get on really well with some of the staff. We have some great conversation", "Staff willingly help me with everything that I need them to" and "Staff always listen to my needs and wishes."
- Staff had not all completed equality and diversity training and the registered provider was arranging for the completion of this. Staff demonstrated that they understood the importance of treating people as equals.

Supporting people to express their views and be involved in making decisions about their care

- People told us that they were involved in decisions about their care and support.
- People's individual communication needs were clearly documented, and guidance included for staff to meet these needs.
- Staff ensured people were supported to make decisions and choices about their care and support. People were given the autonomy and independence to live their lives. One person said "

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and dignity was respected. One comment included; "Staff keep me covered up to preserve my dignity when they are undertaking personal care."
- People's independence was promoted wherever possible. One person said; "Staff encourage me to do what I can but also work alongside me and we do things together. It works well."
- Staff ensured people's confidentiality was maintained. Personal information was stored securely and only accessed by authorised staff. Information was protected in line with General Data Protection Regulations (GDPR).

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans held sufficient information and guidance for staff to follow to meet people's preferred needs.
- People were supported by regular staff who understood their likes, dislikes and daily routines. Comments from people included; "Staff spend a lot of time with me so get to know my needs quickly."
- Care was planned in a personalised way. Care plans took account of people's choices and preferences, likes and dislikes and they were reviewed regularly. Care plans were updated when changes occurred.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff understood people's individual communication needs and used appropriate methods when communicating with them.
- Care plans prompted staff to support people to attend ophthalmology and audiology appointments, as well as guidance for the management of hearing aids.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us they were supported to access the community to participate in activities of their choice. People told us staff supported them to get shopping from the supermarket, go to the pub and to go out for meals and these simple activities made such a difference.

Improving care quality in response to complaints or concerns

- People and their relatives told us they knew how to raise a concern or complaint. They felt confident to do so should the need arise.
- The registered provider had a complaint policy and procedure which was in the process of being updated.
- Complaints were investigated by the registered provider and learning from this process used to develop the service.

End of life care and support

- Staff described how they would support people at the end of their life to be comfortable and have a pain free and dignified death.
- At the time of our inspection there was not anyone in receipt of end of life care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

Leaders and the culture they created promoted high-quality, person-centred care. Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At our last inspection the provider had failed to ensure systems were in place to robustly assess, monitor and improve the quality and safety of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- Audit systems had improved and were used to highlight areas for development and improvement. However, these had not been regularly or consistently completed during 2019.

- Policies and procedures were not up to date and did not fully reflect up to date information and best practice.

- The Statement of Purpose was not up to date.

The provider responded during and after the inspection. They commenced a review of policies and procedures and updated their Statement of Purpose to accurately reflect the service provided by Pinnacle Care and contact details.

- The staff team had clear roles and responsibilities within the service that they understood.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider told us they would use learning from complaints as well as accidents and incidents to identify areas for development and improvement at the service.

- The ratings from the last inspection were displayed at the service and on the providers website in accordance with regulatory requirements.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- People, their relatives and staff were asked for feedback about the service. This information was used to develop the service.

- Staff meetings were held throughout the year and staff told us their views were encouraged and acted upon.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics

- Staff told us they felt fully supported by the provider. They said they were confident that any concerns they had would be listened to and promptly acted upon.
- People were regularly invited to give feedback about the service. Areas for development and improvement were identified.

Continuous learning and improving care

- The staff and management team received regular training and support relevant to their roles. This ensured their practice remained up-to-date and safe.

Working in partnership with others

- The management team worked closely with other agencies to ensure positive outcomes for people. This included working with health and social care professionals so that people received person centred care and support to meet their needs and choices.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Policies and procedures were not up to date to reflect best practice guidance. Audits were not consistently completed to identify areas for development and improvement in a timely manner.