

Pineapple Care Services Limited

Thurrock Branch

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

About the service:

Thurrock Branch, referred to as Pineapple Care in this report, is a domiciliary care agency that was providing personal care to 60 people at the time of the inspection. It supports people with different needs and backgrounds. Including people with mobility needs, mental health needs, learning disabilities and dementia.

People's experience of using this service:

People, relatives, staff and external healthcare professionals spoke highly of Pineapple Care. The service had strong person-centred values and placed people at the heart of their work. People had access to a stable staff team they knew well and achieved positive outcomes and strong relationships.

People were fully involved in their care and their wishes respected. People's views were sought and their consent was always gained before any care took place. People were offered as many choices as possible in ways which met their individual needs. For example, staff had used innovative ideas to ensure one person who did not speak English was involved in their care in a way which respected their abilities.

People's care plans contained personalised information which detailed how they wanted their care to be delivered. Staff knew people well and expressed care and affection for them when speaking with us.

Staff were highly valued and supported by Pineapple Care and the registered manager. All staff we spoke with were proud to work for the service and praised the high standards of care expected.

Risks to people's health, safety and wellbeing were assessed and management plans were put in place to ensure these were reduced as much as possible. During the inspection we identified some risks assessments which had not been completed but these were created and implemented immediately following our feedback.

People were protected from potential abuse by staff who had received training and were confident in raising concerns. There was a thorough recruitment process in place that checked potential staff were safe to work with people who may be vulnerable.

There was strong leadership at the service and people, relatives and staff spoke highly of the registered manager. There was a positive culture at the service and staff felt their voices were listened to.

People were supported by kind and caring staff who worked hard to promote their independence and sense of wellbeing. We were given examples of the staff going above and beyond for people. For example, by developing innovative ways to improve their self-esteem. Staff were provided with the training, supervision

and support they needed to care for people well.

The registered manager was passionate about improving the service and had plans for future projects to benefit people. There were quality assurance systems in place to assess, monitor and improve the quality and safety of the service provided.

More information is in the full report

Rating at last inspection: This is the first time this service has been inspected.

Why we inspected: This inspection was scheduled based on the registration date of the service.

Follow up: We will continue to monitor the intelligence we receive about the service.

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?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Thurrock Branch

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

Inspection team:

The inspection team consisted of one adult social care inspector.

Service and service type: This service is a domiciliary care agency. It provides personal care to people living in their own homes in the community.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are 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 two days' notice of the inspection site visit because we wanted to ensure there would be someone in the office.

We visited the office location on 3 February 2019 to see the registered manager, speak with staff; and to review care records and policies and procedures. The following week we undertook phone calls to speak with people who used the service and their relatives. We also received feedback from external healthcare professionals through email.

What we did:

The registered manager sent us a provider information return (PIR). This is a document completed by the registered manager which contains information on how the service is developing and any planned improvements.

As part of the inspection we spoke with two people who received care from the service and two relatives of

people who received care over the telephone. We spoke with the registered manager and six members of care staff. We looked at three people's care records and looked at three staff files including training and recruitment. We reviewed the service's accidents and incidents, audits and complaints policies.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse; Staffing and recruitment

- People, staff and relatives told us the service was managed in a way that protected people from abuse. The registered manager was the service's safeguarding lead and had undertaken further training in this area. One person's comments included: "I'm very safe. They care for me very well". One relative stated: "Without a doubt my mother is in safe hands. The other day she had a fall and they called the ambulance straight away and they phoned me."
- Staff and the registered manager were aware of their responsibilities to protect people and to report concerns over people's safety and wellbeing. We saw evidence of the staff and management having done this in the past to ensure people were safe.
- Recruitment practices were safe and included pre-employment checks from the Disclosure and Barring Service before starting work.
- There were enough staff to ensure people had access to the care that met their needs and protected them from risks. For example, where two staff were needed to help a person with moving safely this was always provided.

Assessing risk, safety monitoring and management

- People were protected from risks associated with their care needs. Risks had been identified and action had been taken to minimise these. At the time of our inspection we identified a number of risks which had been identified and where action was being taken but a risk assessment had not been completed. We were informed shortly after our inspection that the registered manager had put these in place.
- Where plans were created for people these were detailed and included clear information for staff to follow in order to minimise risks.
- Staff were knowledgeable about identifying risks to people and knew to raise this with the management and healthcare professionals. One staff member said; "Any risks we come across we have been asked to relay to them. They take action."
- Where necessary, specialist advice from healthcare professionals was sought.

Using medicines safely

- Where possible people were encouraged to self-medicate or participate in their medicine management.
- Medicines were managed safely and people received their medicines as prescribed.
- The deputy manager conducted audits and reviews of people's medicines and medication administration records (MAR) and responded to any issues identified.
- Only staff who had been trained in the safe management of medicines administered medicines to people. Staff undertook regular competency checks, tests and spot checks.

Preventing and controlling infection

- People and relatives did not have any concerns with regards to staff following good infection control practices. One person said; "They're always putting their gloves and pinnies on. They're very professional."

Learning lessons when things go wrong

- Where incidents had occurred, action had been taken immediately to minimise the risks of reoccurrence. For example, a medicine error had occurred due to the person dispensing box being unusual and the member of staff being confused by this. To minimise the risks of further errors the registered manager purchased a similar box and used it as part of their medicine management training for staff and as part of staff competency checks.

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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's care needs had been assessed and support plans had been created to guide staff on how best to meet people's needs.
- People's needs were regularly reviewed and where changes had occurred their care plans were updated. For example, following a change in mobility needs.
- People had been involved in the planning of their care and their wishes were respected. One person said; "They really are good at what they do. They're always checking I'm getting what I want."
- Best practice was sought and communicated to staff.
- Relatives spoke of the improvements their loved ones had made since being supported by Pineapple Care. One relative said; "My mum hadn't had a shower for years but somehow, with their care and patience they managed to get her in there. She's now showering two times a week." This relative also said; "They make my mum laugh all the time. It's so nice to hear that. I hadn't heard my mum laughing in a long long time. They have changed my mum's life. They've made her life so much better."

Staff support: induction, training, skills and experience

- The registered manager had set up a training room with equipment to assist staff learning with moving and positioning people, reducing skin damage and resuscitation techniques.
- Staff knew people and their needs well and were skilled in caring for people. One person using the service said; "I believe in them 100%. They all know what they're doing."
- Staff undertook a thorough induction to the organisation and staff new to care work completed the Care Certificate, which is a nationally recognised course in Induction for care workers. There was a comprehensive training programme to ensure staff had the necessary skills to meet people's individual needs.
- Staff had the opportunity to discuss their training and development needs at regular supervision and appraisals. Staff felt supported and made comments including; "All the training has been provided. When you do your supervision, they ask you if you want to do extra training and give you extra opportunities" and "We're given plenty of information and training. They're very thorough. If we have any problems or any questions they are always there to answer. I have had supervision and am able to ask for more training if I want."

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

- Where people needed help with cooking and eating this was provided.
- Where people had specific needs and preferences relating to food this was provided. For example, where people required a diabetic diet.

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. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We found the service was acting within the principles of the MCA and appropriate recording of whether people had capacity to make decisions and power of attorney details were evidenced.
- Care plans had signed consent documents in place and people had been involved in completing them.
- Staff and the registered manager had a good knowledge of the MCA framework.
- People told us staff always asked for consent and explained what they were doing when supporting them. One relative said; "They involve my mum as much as they can. They're always asking her what she wants to wear, what she wants to eat and encourage her to be as independent as she can be."

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People and relatives told us how well cared for they felt. One person said; "This company is better than any other. They're brilliant." One relative said; "They do an excellent job."
- People were supported by staff who knew people's needs, personalities, likes and dislikes well. One person said; "They know me and I know them. It's great."
- Staff spoke to us about trusting the service to care for people so well, they were hiring Pineapple Care to support their own parents and relatives. Comments included; "There is a very high standard. It is the best around. I am going to be changing provider for my mum to Pineapple Care" and "I was so happy about the care that I have moved my mother over to Pineapple."
- The registered manager worked hard to ensure people had continuity of care. People had a stable staff team who knew them well. One person said; "It's always the same people who come in." Staff made comments including; "We have a stable run. The people see the same faces all the time so we build relationships" and "I see the same people, it's fantastic. Able to build relationships and get to know them really well."
- Staff were clear the registered manager was passionate about going above and beyond for people and encouraged them to go the extra mile. They made comments including; "We feel we can pop to the shop for people or walk their dog for them. It makes the difference to people's lives and we feel able to do that because she (the registered manager) has encouraged us." Healthcare professionals made comments including; "It is clear that care is not just a job for Pineapple Care, but a passion. All staff actually care and want to make the client's life better in any small way. The positive attitude is refreshing and a pleasure for clients to experience, as it is not always what they expect from care agencies."
- We heard examples of how the service had gone above and beyond for people. For example, one person experienced low self-esteem and felt people did not like them. A member of staff brought a jar in for this person with instructions for each person who visited (friends, family or visiting healthcare professionals) to write down their opinions of them and place them in the jar. We were told this person was so keen to show the member of staff the notes they had received because they were very positive and gave them joy and confidence.
- Staff spoke about people in ways which demonstrated they cared for them on an individual level and enjoyed their company and attributes. Comments included; "I love getting up for my job in the morning. It's like it's one big happy friendly family" and "I love them. They're great clients."

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

- People were fully involved in creating and reviewing their care plans.
- People's views were sought, listened to and used to plan their care and improve the service. One person said; "They're always asking me for my feedback. They ring up all the time."
- People told us they were offered choices in every aspect of their lives. Relatives confirmed this was the case. Where one person did not speak or read English, staff had created cards in the person's language to ask them daily questions and provided them with answer cards written in both the person's language and English. This was instead of picture cards and ensured the person was being given the opportunity to express their views and choices whilst still being treated like an adult.
- Care plans included information about people's personal, cultural and religious beliefs. The service respected people's diversity and was open to people of all faiths and belief systems, and there was no indication people protected under the characteristics of the Equality Act would be discriminated against. The Equality Act is legislation that protects people from discrimination, for example on the grounds of disability, sexual orientation, race or gender.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality was respected.
- People told us staff treated them with dignity and respect. One person said; "We have a real laugh and a joke but they're always respectful."

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received care and support in a way that was flexible and responsive to their needs.
- Care plans provided staff with descriptions of people's abilities and how they should provide support in line with people's preferences. Care plans were regularly reviewed with people and their relatives to ensure they remained current and provided accurate information about how to meet people's needs.
- People's communication needs were identified and guidance for staff was provided to ensure they could understand people and be understood. The service was able to provide information in different formats, such as large print, and were aware of their responsibility to meet the Accessible Information Standard. One person being cared for by the service did not speak or read English and therefore the registered manager was in the process of giving the person's regular staff team ID badges with their name written in the person's language and their care documents in their language.

Improving care quality in response to complaints or concerns

- People and their relatives felt comfortable raising complaints and were confident these would be listened to and acted on. One person said; "I've got no problems with them at all but if I did I would speak to them. I would speak to (name of registered manager)."
- One relative said; "I'm more than happy with them but if I wasn't I know I could just say and they would listen."
- Systems were in place to address any concerns raised. We looked at copies of responses to concerns and saw the service had acted to address any concerns. Learning took place as a result to avoid any repetition.

End of life care and support

- People's care wishes at the end of their lives were recorded in their care files.
- Staff received training on how to support people at the end of their lives.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People and relatives told us the service was well managed and spoke highly of the registered manager. One person said; "(Name of registered manager) is very professional but so approachable. I can call her whenever I need to."
- The service informed relatives of any concerns if an accident had happened, and fulfilled their duty of candour.
- The service had a clear, positive and open culture that was shared both amongst the management team and care staff. Everyone we met told us how 'passionate' they were about providing a high quality and personalised service to people, and people were very much at the heart of the service. People and staff told us they would very much recommend the service to others needing care. One healthcare professional said; "(Name of registered manager) is passionate about her work and has instilled this attitude into all the staff. There is a "can do" positivity that permeates the whole team.
- Each staff member we spoke with told us how positive they felt working for an organisation that shared their personal values about delivering high quality personalised care. Staff were highly motivated and very proud to work for Pineapple Care. Comments included; "This is the best agency I have ever worked for", "They have high standards and check on you but they want a good service so you have to expect that" and "They're just so brilliant. They just want to help people and they do it so well. We all just want to make people happy. I won't be going to work anywhere else I can tell you that."

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

- Staff spoke highly of the registered manager and made spoke of how appreciated and included they felt. They referred to Pineapple Care as a 'big supportive family' but were clear about the expectations the registered manager had of them and their work.
- Quality assurance processes, such as audits, were in place and ensured the registered manager had the information they needed to monitor the safety and quality of the care provided.
- The registered manager was aware of their responsibilities to provided CQC with important information.

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

- The registered manager was committed to treating staff well and rewarding them for the work they did. For example, the registered manager had recently organised for the staff team to have access to a rewards scheme which gave them benefits and discounts in a wide variety of areas and stores. There was a positive workplace culture, with staff feeling appreciated and listened to. Staff made comments including; "The 'Perkbox' was a really nice thing to be given. I feel really appreciated. No agency I've known has done anything like that. At Christmas we got really nice presents from them too. It makes you feel wanted and valued."
- Staff said the service's management were caring and supportive and that everyone worked well as a team. Comments included; "I feel valued as a member of staff. You get texts from them saying thank you for your hard work all the time."
- The registered manager was committed to involving people in service. They regularly sought views from people, their relatives, staff and external healthcare professionals.
- Regular staff meetings took place in order to ensure information was shared and expected standards were clear.
- Staff told us they felt listened to, were supported by the registered manager, and had an input into the service.

Continuous learning and improving care

- The service was in the process of growing and improving. The registered manager was continually working towards improvements and had plans for future projects and community involvements to increase people's wellbeing and opportunities.