Philip Parkinson Homecare Ltd

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
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

The inspection took place on 4 and 5 January 2017 and was announced. This was the first inspection of Philip Parkinson Homecare Ltd since a variation to the provider's registration in October 2015.

Philip Parkinson Homecare Ltd is a domiciliary care agency that provides personal care and support to people living in their own homes. At the time of our inspection, services were being provided to 12, mainly older people, who lived in the Northumberland area.

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 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.

We found the provider had taken steps to reduce risks during care delivery and safeguard people from harm and abuse. Enough staff were employed to provide people with safe and consistent care. However, a robust recruitment process had not always been followed to check the suitability of new staff.

People were appropriately supported in meeting their health care needs and, where required, in taking their prescribed medicines. Staff assisted people with their dietary requirements where this formed part of their care plan.

The staff were supervised and provided with training to equip them in meeting the needs of the people they cared for. People were given care they had agreed to, that helped them live independently and, where applicable, supported their informal carers.

Staff had developed caring relationships with people and their families. We were told that workers were friendly in their approach, treated people with respect and promoted their dignity. People were supported to express their views and be involved in making choices and decisions about the service they received.

Care plans for meeting each person's individual needs were in place. Reviews were held to consult people and their representatives about their care and support. The staff were vigilant towards people's well-being and reported any changes in their needs.

Arrangements were made to seek feedback about the service and act on any complaints. Staff performance was monitored to ensure good practice standards were met. The management of the service was mostly appropriate, though we have recommended governance be improved to ensure staff are properly vetted.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to staff recruitment. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

New staff were not always fully checked and vetted before they were employed to work at the service.

Suitable arrangements were made to prevent avoidable harm and protect people from being abused.

There was sufficient staffing capacity and people told us they were provided with a safe and reliable service.

Where needed, people were given support to take their medicines at the times they required them.

Is the service effective?

Good

The service was effective.

Staff were given the training and support they needed to carry out their roles.

People's care was given with their consent and agreement.

People were supported, where required, in meeting their health care and nutritional needs.

Is the service caring?

Good

The service was caring.

The staff had formed caring relationships with people and their families.

People confirmed they were cared for in ways which respected their privacy and dignity.

People were given the information and support they needed to make decisions about their care.

Is the service responsive?

Good

The service was responsive.

People's care was planned and kept under review.

When requested, the service was able to support people in helping to meet their social needs.

People were informed about the complaints procedure and had not raised any concerns about the service.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Governance of the service needed to be further enhanced by ensuring the safe recruitment of new staff.

Methods were in place to assure the quality of the service and the care that people received.

The management were committed to providing leadership to staff and working inclusively with people and their representatives.

Philip Parkinson Homecare Ltd

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 was announced and took place on 4 and 5 January 2017. We gave short notice that we would be coming as we needed to be sure that someone would be in at the office. The inspection was carried out by an adult social care inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the service. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. We contacted the local authority commissioner and safeguarding team.

We used a range of different methods to gather information during the inspection. Our expert-by experience talked with four people who used the service and five relatives by telephone. We received five completed questionnaires from people who had used or were using the service and seven questionnaires from staff. We met with the provider and registered manager, looked at six people's care records, staff training and recruitment records and reviewed other records related to the management of the service.

Requires Improvement

Is the service safe?

Our findings

We found that the management had not ensured a robust recruitment process was followed when appointing new staff. We saw proof of identity was sought, applicants were interviewed and checks were made with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions to prevent unsuitable people from working with vulnerable groups. However, references were not always obtained and, at times, only limited information about applicants' employment history, training and experience had been ascertained. This meant the provider could not demonstrate that all necessary pre-employment checks had been carried out to check the suitability of new staff.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The staff team currently consisted of the registered manager, two seniors and six care workers. The seniors planned rosters weekly in advance, including allocating two care workers, where needed, to safely meet people's needs. Staff confirmed the service ensured people received care from familiar and consistent workers, though some felt there was a problem with travel schedules. The provider told us this was an historical issue and that they had reviewed staffing capacity, the geographical areas covered and travelling time. They also said they recruited accordingly when new referrals were made and had recently employed two new care workers due to demand for the service.

People told us their care workers usually came on time and would ring to inform them if they were going to be late for any reason. People and their relatives described receiving continuity of care from known and trusted workers. Relatives told us, "We have a regular team of four or five workers and, if there is anyone new, they come and meet my wife because she needs to be happy with them" and "We ask who is coming next, but it is a regular team we have."

Seniors were given work mobile telephones and most staff told us the service had a lone worker policy that kept them safe in their work. The provider, registered manager and seniors operated an on-call system that enabled staff to get advice and support at any time. Details of people using the service, their relatives and staff were held electronically, enabling the service to be managed remotely outside of office hours and in the event of an emergency.

People were given information in the service's welcome pack that informed them about their rights to be safeguarded from abuse. All of the people we talked with, and who completed our questionnaires, said they felt safe with their care workers. One person told us, "Yes I feel safe. They have the run of the house." Another person commented, "Oh yes, I feel quite safe", and a third said, "Oh god, absolutely safe!" Relatives reported no concerns about people's safety or the staff who cared for them. Their comments included, "No problems with feeling safe - they are very friendly", "They have never stepped out of line", "My relative can't communicate but I know they are relaxed with them by their body language." Another relative whose family member had used the service told us, "I always felt [relative] was safe and in good care."

Staff were introduced to safeguarding and whistle-blowing (exposing poor practice) policies and procedures during their induction. Details were included in the staff handbook and safeguarding training was provided every two years. Staff told us they felt people using the service were safe and they knew what to do if they suspected any person they supported was being abused or was at risk of harm.

The provider and registered manager understood their responsibilities to report any safeguarding concerns to the relevant authorities and to co-operate with investigations. A 'duty of candour' policy had been developed and was planned to be discussed at the next staff meeting to raise awareness. This duty requires providers to be open, honest and transparent with people about their care and treatment and the actions they must take when things go wrong.

People who used the service at present did not require support with their personal finances. Staff rarely handled people's money, though if requested were able to shop for items a person needed. In those instances, staff were directed to get receipts and record purchases on financial transaction forms to properly account for cash spent. The provider informed us they were adding restrictions to their gifts policy in line with staff adhering to professional boundaries.

People felt they were allocated enough staff to keep them safe. A relative told us, "It's generally one person, but if (family member) is having a bath there are two to make sure they don't fall." Care records showed that measures were taken to assess and reduce risks to people's personal safety. This included detailed information provided by other health care and social work professionals, to guide staff on safely caring for people. Staff were supplied with disposable gloves, aprons and anti-bacterial hand gel to help prevent risks associated with infection. Accident and incident systems were in place and none had been reported over the past year.

The service supported a minority of people with taking their prescribed medicines. One person told us, "Yes, I get my tablets on time." Where able, people said they took responsibility for their own medicines. Staff were trained in handling medicines and had their competency assessed. Some reassessments were overdue, however these were scheduled in as part of the supervision process. The risks associated with managing people's medicines were assessed and the importance of keeping lists of medicines up to date had been reinforced with staff. Records of medicines administered by staff were mostly accurate, though we raised one discrepancy with the registered manager to follow up.

Good

Is the service effective?

Our findings

People told us they received an effective service and that their care workers were reliable and provided their agreed packages of care. Typical comments were, "They stay the full time and sometimes longer, because my wife makes them so welcome", "They always ask what I want and if there's anything else I need" and "They are excellent. I can't fault them, they are the best I have ever had."

People felt their workers had the knowledge and skills necessary to meet their needs. One person told us, "They are definitely trained in home care and are okay for what I need." Another said, "I think they are pretty good with the hoist." Relatives agreed that staff had the skills they needed. One relative told us, "Yes I think they are trained enough - they can do the hoist okay and she is happy with what they do", "The regulars are trained and if there is a new one they are shadowed so they are shown what to do", and "All his needs are catered for." Another relative said, "I don't know how they are trained, but they were very capable in dealing with my [family member] at a difficult time."

Records showed that new staff were given induction training to prepare them for their roles. This included undertaking the 'Care Certificate', a standardised approach to training for new staff working in health and social care. An evaluation had been introduced to assess each new staff member's knowledge and understanding of the induction programme. A staff handbook was also provided which set out the provider's core policies, procedures and the conduct expected of employees.

Staff told us that they received appropriate information and training that enabled them to meet the needs, choices and preferences of the people they supported. An overview of training confirmed that the staff team had completed mandatory courses in safe working practices, such as moving and handling, first aid and health and safety. In-house and e-learning training had also been undertaken in topics including diabetes, care legislation, confidentiality, and end of life care. Staff were given opportunities to study for health and social care qualifications.

Staff felt they received regular supervision and appraisal which enhanced their skills and learning. Whilst there was evidence that appraisals had been carried out in recent months, some individual supervisions had lapsed. However, a schedule was in place to bring all staff supervisions up to date. The registered manager said they would be conducting the observational supervisions with a senior worker with a view to extending their supervisory responsibilities.

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.

Staff told us they had been trained and understood their responsibilities under the MCA. The registered manager said staff recognised the importance of people directing their care and their rights to refuse

support. In the past this had led to the service prompting an assessment of a person's mental capacity to be carried out. Information about people's capacity to make decisions was usually included in the care plans which social workers provided to the service. The registered manager said they checked if power of attorney arrangements were in place and, if so, they would always ensure the person's representative was involved in any decisions about their care.

People had agreed to their care plans and had given consent to being photographed, and where applicable, for workers to administer their medicines. People and their relatives confirmed that their care workers consulted them and asked permission before providing support. One person told us, "They do ask me what I want, but we have a routine so they know what I need." A relative commented, "I think the workers must ask her for consent. She would say if there was a problem."

Some people's care plans included support with meals, drinks and snacks which staff provided during their visits and/or left for the person to have later. Food and fluid charts were made available for monitoring of intake, where needed. Some workers were trained in specialist enteral feeding techniques (where food and supplements are provided through a tube in the abdominal wall into the stomach). Relatives told us care workers assisted people with their nutrition, where agreed. One said, "They do him a light lunch and if I'm out they will cook him some dinner." Another told us, "They help him with food."

Details of people's medical history, health conditions and any allergies were obtained. Checks were also made and documented to make staff aware of emergency healthcare plans and instructions for resuscitation. The registered manager told us staff reported if they were concerned about a person's health, and if necessary, would contact healthcare professionals directly. At times, staff worked in conjunction with the district nursing service and other professionals to ensure people received the care and treatment they needed. Support was currently provided to people with maintaining skin integrity, catheter care, continence management and, where trained, in using an airway clearing device. We saw the provider promoted people's well-being, giving them information about healthy food options and a 'Your health and the NHS' guide published by a charity that helps older people.

People told us their care workers were alert to any changes in their health. One person said, "If they think I look a bit off, they will advise me to contact the doctor. They are very good." In records we saw evidence of workers' vigilance, for example arranging for a GP to visit, which meant the person received timely treatment for an infection. The provider also told us about how they had pursued concerns raised by a senior in relation to another person's ill health, prompting further tests and their admission to hospital.

Good

Is the service caring?

Our findings

People told us they were happy with the care and support they received from the service and that their workers were kind and caring. One person said, "I have a team of about five people. They are like friends and, if one of them is off, a new person is introduced to me before they start to show them what to do." Another person said, "I get on very well with them they are very friendly." A third person told us, "They are lovely, friendly and caring. I have fun with them and have a laugh because it's not easy being inside on your own all day, it's nice to have them round."

Relatives were pleased with the staff approach and the relationships they had formed with their family members. Their comments included, "They are friendly and when two come they will sit and watch TV with her and they bounce off each other and have a good chat" and "They have got a good attitude and engage with him and keep him occupied. His face lights up when (named care worker) walks in." Another relative said, "I'm not there, but I know she is comfy with them and they have a chat with her, they are not just in and out."

We saw people were given a welcome pack that informed them about the service. This provided contact details, a guide to what to expect from the service and how to give feedback and make complaints. The information included commitment to treating people with respect; being sensitive to the individual's needs and abilities; promoting independence, autonomy and dignity; and respecting cultural and religious values. The management checked these principles were being adhered to in practice by seeking the views of people and their families. This was done through various methods, such as satisfaction surveys and in person during care reviews and checks on staff. People told us the information they received from the service was clear and easy to understand.

Most of the people using the service were able to express their views about their care and the service in general. Where necessary, relatives acted on behalf of their family members, or support could be offered to access a local advocacy service.

The provider and registered manager told us they aimed to meet people's preferences, for instance, allocating male or female care workers, and would change workers on request. They said, wherever possible, workers were introduced and people using the service confirmed this.

People and their relatives confirmed that care workers respected their rights to privacy and dignity. They told us, "When they help me have a wash they will cover me up as necessary", "When they are helping with personal care they will pull the blinds down" and "I have no concerns about privacy or dignity." Staff also told us they felt people were always treated with respect and dignity.

People felt the support provided helped them to be as independent as possible. One person told us, "I like to get up on my feet when I can and they encourage me to do it." Relatives agreed, telling us, "She does a lot herself but they help her dress, toilet and cream her legs and if she needs help with a wash they will help her" and "Mum gets everything from them that she needs but she wants to be independent and tries to do

as much as she can."

At times, the service cared for people at the end of their lives. A relative we talked with spoke highly of this support and the sensitivity shown, in particular by a senior worker. They told us, "[Name] was excellent with us in dealing with end of life care. She was very professional and it felt like a friend coming to the house. She was very supportive and was also concerned about me."

Good

Is the service responsive?

Our findings

People told us they felt the service was responsive to their needs. One person told us, "They are excellent, they will do anything I ask." Another person said, "I get every mortal thing I need." A relative said, "All his needs are catered for." Relatives also felt the service was responsive, one telling us, "If I ring the office (the provider) always listens to me and is very helpful." Another relative said, "We get the help and support when we need it."

Social workers provided assessments of needs and care plans before care services were offered to people. The service then assessed risks and gathered further information about the person's background, their household arrangements and how they preferred to be supported. Care plans were devised for meeting people's needs with stated outcomes, for example, supporting the person's independence and working in partnership with informal carers. In some instances care plans did not sufficiently describe the care that staff provided, as evidenced in their reports of each visit. The registered manager assured us the care plans would be revised during forthcoming care reviews.

People confirmed they were involved in decision-making about their care and that care plans were kept under review. One person told us, "It's reviewed from time to time and they are always writing in it." Individual care reviews had been organised to take place over the coming months with people and their families. Staff had also at times attended multi-disciplinary reviews with other professionals to help co-ordinate the care of people with complex needs.

People's care visits were arranged for a minimum of 30 minutes. We were shown that a flexible service was provided, when possible, such as arranging a person's visits to fit in with their carer's working patterns. The registered manager said they would be checking during reviews whether people were happy with the timing and duration of their visits.

The provider told us they would not economise on the time people needed to deliver their care and support. They had, for example, recently responded to concerns from staff about a person who needed extra help with personal care. This was being followed up with commissioners to ensure the person received additional time to meet their needs.

People and their relatives told us the service was person-centred and adapted to meet their changing needs. A relative said, "They've been coming to see my Mum for three years and they now come five days a week." One person told us, "They always ask what I want and ask if there is anything else I need." Care plans were reissued by social workers following any significant changes made to people's services to ensure staff had updated information about people's needs.

Services were rarely funded solely for assisting people in meeting their social needs or to be accompanied when accessing the community. We were informed services of this nature could be accommodated and one person's contracted hours were currently able to be used flexibly for social time. The registered manager told us the importance of social interaction was recognised and relatives confirmed that staff were good at

engaging with people during their visits.

People were given information about the complaints procedure. None of the people we spoke with or who completed our questionnaires expressed any concerns about the service. The provider confirmed that no complaints had been made over the past year.

Most people said they knew how to complain and felt any concerns or complaints about the service would be appropriately responded to. A relative said, "I complained once about a member of staff a while ago. It was dealt with straight away and that person never came again." One person told us, "I've never had to complain but if I did I would get on the telephone straight to (the provider)." Another person said, "My family deal with all that but I have no problems, I am quite satisfied." Staff also told us they felt the management would deal effectively with any concerns they raised.

Requires Improvement

Is the service well-led?

Our findings

The service had an established registered manager who understood their registration responsibilities and was supported in their role by the provider. The provider confirmed they would be submitting the necessary applications to the Care Quality Commission to ensure their registration details accurately reflected the operation of the service.

The deputy manager had left the service in recent months, prompting the provider and registered manager to undertake a period of consolidation and review the quality of the service. The registered manager was devoting more time to managing the service and management and senior staff structures were being further defined. The need for administrative support in the office was also being considered. Management team meetings were being reinstated to discuss the business and any issues requiring follow up with people using the service and staff. More in-depth auditing of care records, to validate the care that people received, was also planned.

During the inspection the management acknowledged our findings about the shortfalls in staff recruitment. The provider revised the application form and reported they would be retrospectively obtaining full histories and references, including from the last employer.

We recommend that the provider improves governance arrangements to ensure a robust recruitment process is followed.

The service continued to work closely with social workers in co-ordinating people's care. Links had also been forged with other care providers around contracting arrangements to ensure the delivery of care services to people living in the Northumberland area.

People using the service knew who to contact if they needed to and told us they felt the service was well-managed. One person said, "Overall they are excellent. They all know what they are doing and I feel safe with them." Comments from relatives included, "The people in the office are very approachable and helpful", "They are only a small firm so we know them all" and "They were very professional and very sensitive with me and my husband."

A new on-call log had been started to record and demonstrate how any issues affecting the service were managed outside of office hours. Relatives confirmed they received a good response to any matters they raised. One relative told us, "If we have a problem they will come out. I can text them and they will call in after their round. Overall, I can't fault them, they are excellent, very flexible and they will accommodate me if I need anything."

Staff told us the management were accessible, approachable and they were confident about reporting any concerns to them. They felt their views about the service were taken into account and said the management communicated with them in a timely way. A venue local to the area that staff worked into was used to hold staff meetings, for convenience. The provider told us they followed disciplinary procedures with staff when

necessary. They also ensured any compliments or thanks received were relayed to staff to commend them for their work.

Spot checks of care workers' performance were carried out as part of the supervision process to review standards of care practice. The checks included observing whether the worker arrived on time, followed the care plan, how they communicated and engaged with the person, and if care documentation was suitably completed. Feedback was also sought from the person and care worker. We noted that positive comments had been given by a person during a check, stating their confidence in their care worker and how they felt safe and comfortable with them.

The registered manager said they aimed to work inclusively with people and their families, making sure they were consulted about and influenced the care they received. Reviews of care were organised and annual surveys were conducted to check satisfaction with the service. People confirmed they had been asked for their views. One person said, "I filled a survey in and everything was okay." The results of the last survey showed people had rated the service well in terms of their care, their care workers approach, support from the management and receiving a personalised service.

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 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had not ensured that an effective recruitment procedure was established and operated.