

Panashe Home Care Services Limited

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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

Panashe is a domiciliary care agency. At the time of the inspection they were providing personal care to 22 older people or people with learning disabilities living their own homes.

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

People felt safe and were protected from abuse and avoidable harm. Staff knew when and how to report concerns. Systems and processes were in place to identify and manage risk. Action was taken when things went wrong to reduce the risk of reoccurrence.

People were asked if they had any problems or concerns and staff knew how to recognise when people were worried or distressed.

There were enough staff with the right skills and experience to meet people's needs. People's medicines were managed in a safe way. Staff supported people to keep their homes' clean and tidy. They had access to personal protective equipment such as gloves and aprons and followed infection prevention and control policies to reduce the risk of infection.

People had their needs and choices assessed before they began using the service. Care and support was delivered in line with evidence based best practice guidance. Staff received the training and support they required to meet people's needs. They had access to ongoing training and opportunities for professional development.

People were supported to eat and drink enough and staff promoted a healthy balanced diet. Staff recognized changes in people's health and supported them to access the healthcare services they required. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People received kind and compassionate care and support. They were supported by staff who knew them well and had developed positive relationships. Staff understood how to meet people's needs and how to provide comfort and reassurance. People were involved in making decisions about their care and support.

People had their privacy and dignity protected.

Care and support was person centred and was delivered in the way people preferred and met their individual needs. Staff understood people's needs with regards to the protected characteristics of the Equality Act 2010. People were supported to follow their chosen religion and staff understood and respected people's cultural needs.

Information was available to people in accessible formats and staff communicated with people effectively. People and relatives knew how to make a complaint and said they would feel confident doing so. Complaints were investigated and used as an opportunity to learn and improve.

People's advanced care wishes were explored and recorded. Staff had received training about end of life care.

People, relatives and staff had confidence in the manager and felt supported. They told us the registered manager was accessible and approachable. Checks were carried out to ensure staff were following policies and procedures and people were safe. Action plans were developed when shortfalls were found and this contributed to continual learning and improvement.

People, their relatives and staff were asked for their feedback and this was used to develop the service and ensure it was meeting people's needs and preferences. The registered manager and staff worked closely with healthcare professionals and other agencies such as the local authority to make sure people received joined up care and support.

Rating at last inspection

The last rating for this service was Good (published 13 January 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to review information we receive about the service until the next scheduled inspection. If we receive any information of concern, we may inspect sooner than scheduled. For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our safe findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our safe findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our safe findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our safe findings below.

Good ●

Panashe Home Care 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

The inspection team consisted of one 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.

Service and service type

Panashe Homecare Services Limited is a domiciliary care agency providing care and support to people in their own home's. It provides this service to older people and people living with dementia and people with a learning disability.

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

This inspection was announced. We gave the service 48 hours' notice of the inspection visit because the manager is often out of the office supporting staff. We needed to be sure that they would be in. We carried out the inspection visit on 15 August 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and 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 of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and six relatives about their experience of the care provided. We spoke with three members of staff including the registered manager, and two support workers. We reviewed a range of records. This included three people's care records. We looked at two staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service, including policies and procedures were reviewed.



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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives felt the service was safe. They had confidence in the staff and in the registered manager.
- Staff knew how to recognise the signs of abuse and how to report it. They felt confident their manager would listen and take action. They had information and contact numbers for reporting any concerns.
- The registered manager gave us examples of when they had raised concerns with the local authority safeguarding team when they had suspected abuse.
- A relative told us staff knew how to manage challenging or risky behaviour and always responded in a calm and professional way.

Assessing risk, safety monitoring and management

- Risk was assessed and staff knew what action to take to reduce risk and keep people safe. For example, one person's care plan instructed staff to give the person time and to involve their relative to reduce the risk of aggressive behaviour and distress.
- Risk of pressure sores was assessed and appropriate action was taken to reduce risk.

Staffing and recruitment

- The provider had a system to monitor call times to ensure staff arrived and left at the allocated times.
- People told us they received care and support from a consistent team of staff. People told us staff usually arrived on time and had not missed any calls for a long time. Some people said staff were occasionally late but they were informed when this was the case. One person said, "Punctuality has improved dramatically over the last five months."
- There were systems and processes in place to make sure staff could not be employed until all necessary checks had been carried out. This meant that so far as possible, only staff with the right character, skills and experience were employed.

Using medicines safely

- People told us staff knew how to support them with their medicines. One person said, "My brother's medication is organised really well and recorded properly in his personal file."
- Staff had received training about how to manage people's medicines and had their competency assessed to check they were following safe procedures.
- The registered manager carried out medicine audits and checked that records were accurate and up to date. Action was taken where any shortfalls such as missing signatures on the medicine chart.
- Staff knew what to do in the event of a medicine error and would always seek medical advice.

Learning lessons when things go wrong

- There were systems in place to check incidents and these were used as learning opportunities to try and prevent future occurrences.
- Changes had been made in response to safeguarding concerns raised earlier in the year. The registered manager had liaised with the pharmacist to ensure that medicine administration charts were clearer for staff to follow.
- The registered manager told us that improvements had been made to staff reporting any changes or concerns.
- The local authority quality improvement team had been supporting the service to improve. The registered manager told us this had helped them to improve their record keeping and documentation.

Preventing and controlling infection

- People said hygiene standards were very good, with staff wearing gloves and aprons appropriately.
- The provider had systems in place to make sure that staff practices controlled and prevented infection as far as possible.
 - Staff had undertaken training and were fully aware of their responsibilities to respond appropriately to protect people from the spread of infection. They followed good practice guidelines, including food hygiene and hand washing.
 - The registered manager checked staff were following the correct Infection control and hand washing techniques during spot checks and competency assessments.
 - Staff had access to protective equipment such as gloves, aprons and shoe covers.



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 good. At this inspection this key question has remained the same. This meant 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 physical, mental health and social needs were assessed. Staff considered people's protected characteristics under the Equality Act and these were respected. The registered manager had sought advice about meeting the needs of a person from an ethnic minority community and ensured their needs and preferences were understood by staff.
- Managers and staff ensured support was delivered in line with evidence based guidance. They kept up to date with changes within the sector through ongoing training and had recently been supported by the local authority quality improvement team.
- There was a staff handbook which contained all the policies and procedures staff were expected to follow.

Staff support: induction, training, skills and experience

- People and their relatives said staff were competent and knew how to do their jobs. One person said, "I think all the experienced carers are excellent at their jobs. Even the newly appointed carers are very good at their jobs." A relative told us, "We generally see just two carers who are superb. They are very experienced and know exactly how to work with my relative. They support them with gentle encouragement. They are in very safe hands with them."
- Staff told us they received the training and support they required. A care worker told us about the training they had attended. They told us recent training about moving and handling and medicines had been a useful update and had refreshed their knowledge and skills.
- Opportunities to achieve nationally recognised qualifications in care were available to staff. The Care certificate was used as part of staff induction training. This made sure staff were aware and working within the expected standards in the sector.
- Staff had supervision sessions and spot checks with their line manager and this provided opportunities to discuss and plan for learning and development needs.

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

- Staff had received training about supporting people with food and drink. The registered manager told us there was no one with nutritional concerns at the time of our visit. They told us they would assess people for nutritional risk and monitor food and fluid intake if this was required.
- Staff supported a person with their shopping and encouraged a healthy diet. They made sure the person had drinks and snacks with them when they attended day services.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked closely with other agencies such as the local authority and healthcare professionals so that people received the care and support they required when they needed it.
- All staff received training about effective partnership working and working together to achieve shared goals.
- Each person had a 'hospital grab sheet'. This document contained important information to assist paramedics and hospital staff should the person require these services.

Supporting people to live healthier lives, access healthcare services and support

- People had access to the healthcare services they required. Staff supported them to attend appointments with doctors and at hospital.
- Staff knew how to recognise when a person's health was deteriorating and reported this to their manager.
- The registered manager had spoken to staff at a recent staff meeting about the importance of reporting concerns or changes. This included checking for sore skin or pressure sores. Staff were able to use the telephone or private group chat to report concerns or changes.
- A relative told us, "The carers are really thorough, they check my relatives skin and apply cream as necessary. They are very careful to make sure they do not suffer from pressure sores."
- The registered manager gave a recent example of when staff had reported a change in a person's wellbeing and medical advice was sought.

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

- People were asked for their consent and helped to make choices about the things they did.
- 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 with appropriate legal authority. In community based services, this is usually through MCA application for a Court of Protection Order.
- 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.
- Staff had received training and were following the principles of the MCA. People told us staff supported them to make decisions and made sure consent was given before providing care and support.

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 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 and their relatives said they felt cared about and praised the staff and registered manager. Comments made included, "The care staff are amazing. They are so friendly and hospitable with the whole family."
- A relative said, "All my relatives carers are very sociable and chatty. They put them at ease and get on very well with my family too. The carers chat and give gentle encouragement."
- One person said, "All the staff are so friendly and reliable. I really enjoy their company, we all get on so well. They are all very professional people. The manager has given us a lot of their time helping with the wheelchair and getting our doors widened. They are extremely generous with their time."
- A staff member told us they took time to listen to people. They knew how important a set routine was to a person they supported. There was a consistent team of staff so people knew them well.

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

- People were involved in developing their care plans. They were supported to include their individual needs and preferences.
- The registered manager carried out reviews and made changes in response to people's changing needs. For example, people had their call times changed because this suited them better.
- A relative told us, "I like the way the manager does spot checks to ensure staff are doing what is required of them. She comes to our home to see that we are happy. The manager listens carefully to what we have to say and makes sure we are happy with all aspects of our care."
- Another person said, "The carers have worked hard to establish a very good care routine that meets our needs. Both of us feel so much better thanks to the support we get from Panashe. At first we used to have an evening visit too. But I soon realised that we could cope without that – so we amended the care plan with the manager. We are very satisfied with the morning call we get every day."

Respecting and promoting people's privacy, dignity and independence

- Staff received training about privacy and dignity and how to promote and protect these. The registered manager had attended 'dignity champion' training with the local authority and had cascaded this training to other staff.
- A relative said, "The two carers use a hoist to help move my relative in their bed. They give them a bed bath and make sure they are always left with clean bedding, and that pads have been properly changed and disposed of and they feel comfortable. We have no complaints at all. The carers are very professional in everything they do for us."
- Information was stored securely and only shared with authorised people. Staff knew and understood their responsibilities to keep information confidential.
- People's independence was encouraged. Staff supported one person to make their own cup of tea independently and this meant the number of support calls they received could be reduced.

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 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

- Staff considered and met people's physical, mental, emotional and social needs. Support plans were detailed and gave clear instructions to staff about the best way to meet the person's needs and how to communicate. They recorded people's social, cultural and religious needs.
- Care and support was personalised and met people's needs and preferences. Review meetings were held so that people could set new goals and make changes to their support plans.
 - People told us that staff were flexible in order to accommodate their needs. For example visit times could be changed to suit the person if they had an appointment or an event to go to.
 - Some people preferred only a team of carers to support them and this was respected.
 - Information about the things that were important to the person were recorded and included in the support plan.
- Staff had received training about equality and diversity and they knew how to protect people's unique characteristics under the Equality Act 2010.
- We were given examples of staff supporting people's cultural needs.
- Where people expressed a preference for the gender of the carer supporting them, this was respected.

Meeting people's communication needs

- People received information in accessible formats and the registered manager knew about and was meeting the Accessible Information Standard. 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 knew people well and knew how to meet people's individual communication needs. A care worker assisted a person to communicate with other agencies because they were able to interpret for the person.
- Staff had received training about communication. Speech, body language, facial expression, object reference, photographs, pictures, symbols, writing and a variety of communication aids were used for

effective communication.

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

- Staff supported a person to attend a family wedding.
- Where people attended day services, staff made sure they were ready when transport arrived and had the things they needed with them through the day. An external professional said, "The staff at the day centre have told me that Panashe staff are working very well with {people's names}."
- Relatives told us they were kept informed about any changes and communication was good.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to make a complaint and felt confident doing so.
- The majority of people told us that any issues were quickly dealt with to their satisfaction.
- Records showed that complaints were investigated and the complaint was kept informed throughout the process.
- Complaints were used as an opportunity to learn and improve. There had been a number of complaints earlier in the year about late calls and as a result these processes had been strengthened and communication had improved. People told us staff were much more punctual than they had been and let them know if they were going to be late.

End of life care and support

- People had opportunities to discuss their end-of-life wishes and these were recorded in people's care plans. The registered manager told us they were in the process of updating this information.
- Staff attended training with a local hospice about end of life care.

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 good. At this inspection this key question remained the same. This meant the service was consistently managed and well-led. 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

- People and their relatives and staff made positive comments about the service. One person said, ""They have worked hard to establish a very good care routine that meets our needs. Both of us feel so much better thanks to the support we get from Panashe. At first we used to have an evening visit too. But I soon realised that we could cope without that so we amended the care plan with the manger. We are very satisfied with the morning call we get every day.""
- The majority of people and relatives told us they could contact the manager at any time. People told us they had the managers mobile number, the office contact details and the mobile phone numbers of some of their main carers.
- Staff told us their manager was accessible and supportive. A care worker told us they could call the manager about anything and at any time.
- The provider had signed up to becoming a Disability Confident Committed Employer which promotes people being given a second chance to make a change in their lives.

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 registered manager promoted transparency and honesty. They discussed issues with relevant parties if anything went wrong and made changes.
- Relatives told us staff had taken appropriate action when things had gone wrong. One relative told us they had been unhappy about care staff rushing and leaving in a hurry. They said, "I told the manager this was unacceptable. I am pleased to say that the situation has improved significantly since the new log in system has been introduced."

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

regulatory requirements

- The provider's vision and values were clear and were shared by staff.
- One person said, "The agency seems able to recruit people that are suited to 'caring'. They are very friendly and sociable people. We tend to see the same carers each day and we all get on very well. We feel very relaxed in their company."
- Staff felt supported through staff training and supervision. They said their manager was accessible and approachable.
- Audits were carried out for all areas of the service and this included observations of staff practice. The provider used this information to monitor the quality of the service.
- Audits had identified where improvements were required and changes were made. Where shortfalls were identified during observation of staff practice then these were addressed. For example, a staff member had been supported to improve documentation and make sure their writing was legible.
- An external consultant had been employed to assist in quality monitoring and the provider had been supported by the local authority quality improvement team.

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

- Annual satisfaction surveys were sent out. The results were analysed and action was taken in response to people's feedback. Changes had been made as a result of the last satisfaction survey. Staff had been reminded to let people know as soon as possible if they were going to be late. Electronic call monitoring had been introduced.
 - People were involved in developing the service because they were asked for their feedback during care plan reviews and quality monitoring visits and calls. People told us they valued this and in particular the observations of staff practice.
- Staff use of mobile phones while at work had been reviewed and new guidance issues as a result of people's suggestions.
- Staff were asked for their feedback during staff meetings and managers listened. Action had been taken as a result of staff suggestions regarding fuel payments. The provider had staff with fuel cards so they would not be out of pocket.

Continuous learning and improving care

- The provider was continually striving to improve. They discussed any issues with staff and took action where this was required.
- Improvements had been made to the systems and processes for call monitoring and communication.

Working in partnership with others

- Staff and the management team worked in partnership with other professionals and agencies, such as the GP and the local authority to ensure that people received joined-up care.
- Information was shared with appropriate professionals to ensure that people received the care and support that they required.
- A social worker told us, "Between us we coordinate all the support required and make sure {person's names} are involved directly in planning their daily and weekly routines to give them as much independence as they can safely cope with."