

Pendennis House Ltd

Pendennis House

Inspection report

4 Pendennis House
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Wadebridge
Cornwall
PL27 7FD

Tel: 01208815637

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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

Pendennis House is a domiciliary care agency which provides support to people in their own homes. At the time of the inspection they provided care and support 24 hours a day to two people living in their own accommodation in close proximity to the service's main office in Wadebridge. The service provides specialised 24 hour support including socialisation and inclusion, access to the community or assistance to attend appointments.

This was the first inspection of the service since it registered in October 2016. The inspection was announced. We told the provider three days before our inspection visit that we would be coming. This was because we wanted to make sure people would be at the service to speak with us.

There was 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.

The registered manager employed enough staff to ensure the service was run safely and effectively. The agency only accepted packages of care if the registered manager was satisfied there were enough suitably qualified staff available. Staff rotas were planned in advance and people received a consistent and reliable service from staff who clearly understood and could respond to people's needs.

Staff were trained in safeguarding and they knew how to keep people safe from avoidable harm. People had individualised risk assessments in place that gave guidance to staff on keeping them safe. There was information about people's levels of risk and how it might be managed, also routines and personal preferences including some situations which might cause anxiety or stress. The provider had policies and procedures and systems in place for the safe recruitment of new staff. Staff completed a recruitment process to ensure they had the appropriate skills and knowledge to carry out their role.

Care records were person centred and contained specific detailed information to guide staff who were supporting people. The care plans included information about the person in a format which was presented in a meaningful way for people to understand. This included large print and pictorial information. Staff said they knew people's needs because they had the information about the person available to them and information was shared daily between the registered manager and staff.

People told us and we observed people felt safe and secure when receiving support. People received consistent support from care workers who knew them well. One person said, "I'm doing very well. Yes, get on well (with staff)."

Staff received training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to meet people's care and support needs. One staff member said, "I

think the training is very good. We (staff) had training to meet the needs of a person before they started using the service. It meant we understood what they needed and how to approach them."

Where people did not have the capacity to make certain decisions, or had limited capacity, the service acted in accordance with legal requirements under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. Staff had a good understanding of the principles of the legislation and training was updated as necessary.

Accidents and incidents were recorded, reviewed and monitored by the registered manager. The registered manager was aware of their responsibility to report certain incidents to external bodies, such as the local authority and CQC as necessary.

Medicines were safely managed and staff followed best practice guidance. Medicines were administered safely, timely and hygienically. Medicine Administration Records (MARs) were used to record any assistance given. Records reviewed were accurate and up to date.

Audit systems were in place to monitor and manage how care and support was being delivered and also took account of concerns and complaints. These systems acted as early indicators of themes or trends which might affect individuals using the service or staff supporting people.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe. Staff knew how to recognise and report abuse.

Risks to people's safety and well-being had been identified and plans put into place to minimise the risks to individuals.

People's medicines were managed safely.

Is the service effective?

Good ●

The service was effective. People received support from a stable staff team who understood their needs.

Staff were provided with effective training and support to ensure they had the necessary skills and knowledge to meet people's specialist needs effectively.

People were supported with their health and dietary needs.

Is the service caring?

Good ●

The service was caring. Staff were caring, friendly and approachable.

People were able to express their views and be actively involved in making decisions about their care.

Staff were respectful of people's dignity and privacy.

Is the service responsive?

Good ●

The service was responsive. There were systems in place to help ensure staff were kept up to date when people's needs changed.

People's care plans were detailed, personalised, and included sufficient information to enable staff to meet their individual needs.

There was a complaints policy in place which people had access to in a way which was meaningful to them.

Is the service well-led?

The service was well led. There was open communication within the staff team and staff felt comfortable discussing any concerns with their manager.

Systems were in place to monitor how the service operated.

People told us they felt listened to and the service responded to their views.

Good 

Pendennis House

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 checked whether the provider is 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.

This inspection took place on 6 June 2017 and was announced. The provider was given short notice because the location provides a domiciliary care service. We needed to be sure that someone would be available. The inspection team consisted of one inspector.

We reviewed the Provider Information Record (PIR) we received prior to our inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This provided us with information and numerical data about the operation of the service.

We reviewed a range of records about people's care, support and how the domiciliary care agency was managed. These included care records, medicine administration records (MAR) sheets incident reports and other records relating to the management of the domiciliary care agency. We also reviewed three staff training records, support and employment records, quality assurance audits and a range of policies and procedures used by the service.

We spoke with the registered manager and two members of staff. We spoke with one person using the service. We received comments from two other staff members and two professionals.

Is the service safe?

Our findings

A person using the service told us, "They (staff) look after me well. I'm very happy." The staff we spoke with also believed people who used the service were safe. One member of staff told us, "It's really important that they (people using the service) feel safe and secure. We (staff) understand how vulnerable they can be. We have the training and support to help us."

Staff knew and understood their responsibilities to keep people safe and protect them from harm. They were aware of the signs to look out for that might mean a person was at risk. Staff knew the procedure to follow if they identified any concerns. One member of staff told us, "I would not hesitate to report any concerns I had about abuse or mistreatment either to the manager or to the local authority." People using the service had access to information in way which was meaningful to them in respect of recognising care and support which might be harmful or pose any sort of risk to them.

Staffing levels were based on the assessed needs of people and the length of time needed to support them. There were rotas in place to provide 24 hour support to the two people receiving commissioned services from the agency. In some instances there was a need for two staff to support people to take part in individual activities including accessing community services. A staff member told us, "Every day is different but we always take the lead from (Person), there are always enough of us."

People were supported by dedicated staff who knew them well. The registered manager had sought training for staff prior to a person using the service. This meant staff understood the person's specific needs and risks at the point the person started to use the service. A staff member told us this had helped keep the person safe and staff were able to understand and respond to triggers which might pose a risk to the person or others. A professional told us, "Have every confidence with the staff. They know how to manage (Person) needs and risks very well."

There were comprehensive and detailed support records which were person centred and included information about how risks would be managed. Risk management was seen by the registered manager and staff as an essential area of support to ensure people using the agency were supported but kept safe. The records showed risk assessment included, accessing the community, finances, behaviours, dietary requirements and medicines. The risk assessments contained details regarding the hazards, the likelihood of an occurrence, any existing measures in place and any further risk reduction actions which staff could take. Staff were supported to keep people safe in their day to day lives by other professionals who provided regular advice and updates. The records showed measures in place and risk reduction methods. Staff told us the information was, "Second to none. Very good and its always being updated".

There was detailed instruction for staff to follow in the event of an incident, to help reduce risks to people in their everyday lives. The staff were aware of the importance to report and record these events, which the registered manager reviewed regularly to identify any patterns or trends. For example, for one person when in certain situations became distressed. There were records detailing circumstances leading up to an event, possible factors which added to or caused the event and the actions and strategies tried and used by staff.

For example, calming strategies and breakaway techniques. This demonstrated staff had the knowledge and skills to deal with situations which may put the person or others at risk, using the least invasive actions possible. A staff member told us, "We have meetings and feedback all the time because situations can change from day to day."

There were safe arrangements for the management of medicines. Staff were provided with medicines training. People's records provided guidance to support workers on the level of support people required with their medicines. Records showed that, where people required support, they were provided with their medicines as and when they needed them. A person was observed receiving medicines from a member of staff. They told us they were happy the way staff reminded them about taking medicines. One person said, "Yes, get them (medicines) when I need them."

Staff employed at the agency had relevant employment checks in place to ensure they were safe working with people who may be vulnerable. The registered manager told us it was important new staff were suitably matched to people that used the service and told us some staff had known a person they supported prior to them using the agency. This had helped the person feel more comfortable and at ease with staff supporting them. A staff member told us, "It was really good that some of us knew (Person) it gave some continuity and they knew they could trust us."

Is the service effective?

Our findings

People using the agency weren't able to communicate their views about staff training and the effectiveness of the service, however one person nodded and gave us 'thumbs up' to indicate they were satisfied with the staff supporting them.

Staff said the registered manager had arranged specific training for them prior to a person using the agency. This meant they had the knowledge and skills to support the person effectively and consistently. A staff member told us, "Doing the training before (Person) needed support meant we understood how to support them."

All new staff received induction into the job which was overseen by the registered manager and deputy manager. If staff were to be employed and were new to care work they would be asked to complete the 'Care Certificate'. The Care Certificate is a benchmark for induction of new staff. It assesses the fundamental skills, knowledge and behaviours that are required by people to provide safe, effective, compassionate care.

The registered manager ensured all staff completed training which they deemed essential, such as safeguarding vulnerable adults, moving and handling of people, safe handling of medicines, infection control and health and safety. Staff had an opportunity to enhance their skills with training on specialist techniques such as the use of Positive Behaviour Support, which provides staff with the skills to de-escalate and defuse unwanted behaviours. The service also provided Autism and Epilepsy training. The registered manager told us, "Its important staff can respond to specific behaviours and conditions."

Feedback from staff about their experience of working for the service and the support arrangements in place were positive. Staff described how they felt supported in their role and had frequent support from the registered manager and deputy manager, both formally through supervision and informally on a day to day basis. Staff told us they were encouraged to talk through any issues, and seek advice and receive feedback about their work practice. One staff member said, "I feel very supported. It can be very full on but I never feel I am left to do things I am not comfortable or confident to do." Another staff member said, "I am very satisfied with the training we get. I have regular supervisions and feel supported by the (Registered manager and deputy manager)."

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. As the service is not a care home any applications to deprive people of their liberty must be made to the Court of Protection.

The registered provider and registered manager clearly understood the legislation as laid down by the MCA and the associated DoLS. Discussion with the registered manager confirmed they understood when an

application should be made and how to submit one. We did not observe people being restricted or deprived of their liberty during our inspection.

People's personal care files contained assessments and person centred care plans based on their individual health and social care needs, together with evidence of on-going monitoring and involvement from a range of health professionals. This included GPs and specialist referrals when required. This information was also in a format which was meaningful to the person being supported. The information was up to date and reflected the current health needs of the person.

Staff monitored people's health and well-being to ensure they maintained good health and identified any problems. For example, one person was supported to maintain good eye health by having a recent check-up. People's care records contained health action plans and records of hospital and other health care appointments. For example, where a person required in-patient treatment, staff had worked closely with health professionals to slowly introduce the person to the hospital setting, talked through procedures and used a pictorial format, for example when a blood sample was to be taken. This had allayed the person's anxieties and the admission and procedure had gone well with a positive outcome. This showed the service was working in the person's best interest with the support of a range of health professionals. Staff prompted and supported people to attend their appointments and the outcomes and actions were clearly documented within their records. This ensured that everyone involved in the person's care were aware of the professional guidance and advice given, so it could be followed to meet people's needs in a consistent manner.

The support people received with their meals varied depending on their individual circumstances. Where people required assistance, they were supported to eat and drink enough and maintain a balanced and healthy diet. For example, one person had lost weight due to the positive encouragement from staff in respect of offering healthy alternatives of food and beverages. A staff member said, "(Person) has the choice and still likes take away and pizzas, but we have worked hard to try and show the positives in being a healthy weight. (Person) walks around a lot more now and that helps as well. They are really pleased with themselves."

Is the service caring?

Our findings

People were observed being supported by attentive staff who knew their needs well. We observed people had a good relationship with staff and staff interacted with people in a caring and respectful manner. People were seen to be comfortable and at ease when they were being supported. Staff demonstrated they were knowledgeable about people's needs and clear about their role and responsibilities. Staff were clearly passionate about their work and told us they thought people were well cared for. Comments included, "Love this job because you get so much back from it" and "Providing one to one care means we (staff) get to know (Person) well and they get to know us. We (staff) have the time to give that support." A health professional told us, "Staff supporting (People using the service) are valuing and caring."

People's care records identified specific needs and how they were going to be met. The records also provided guidance to staff on how best to support people. For example, using different communication methods dependent on how the person was feeling or how to respond to certain behaviours. This showed the delivery of care and support was person centred. Staff described different techniques they used to support people to make decisions and how they respected people's choices.

Records showed instances where staff had supported people in a respectful and dignified way when in the community and in situations which may pose challenges to staff. A staff member told us they recognised times when sensitivity was necessary to protect a person's dignity. This demonstrated staff recognised and knew how to manage situations where people in their care needed and received that additional support in a caring and respectful way.

People's care planning records were written in a person centred way. They helped staff understand a person's life history, their likes and dislikes, based upon the person's wishes as to what information they wanted to share. This information was available in people's homes so staff had access to it. Comments from staff included, "The information we have is very good and it was all in place when (Person) started to get the support" and "Having all the information about (person) means there is a talking point. (Person) doesn't always want to talk about themselves and I respect that."

Staff understood the principles of privacy and dignity. There were examples of where staff recognised people wanted time to themselves. Staff stayed in the main office during these times and when the person wanted more support or the company of staff they came to the main office. Another person liked to do some things for themselves, for example going out independently. Staff respected this but ensured there were suitable arrangements to ensure safety. For example sharing mobile phone numbers.

People using the agency were supported by independent advocacy services. An advocate is a person who represents and works with people who need support and encouragement to exercise their rights, in order to ensure that their rights are upheld. This showed the service was open and transparent by ensuring people were being fairly represented.

Is the service responsive?

Our findings

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. Staff said, "We (staff) know (People's names) well and we get to know when anything changes very quickly" and "(Person) has lots of reviews and we (staff) know if we need to change anything." A health professional told us, "The manager is always responsive to the needs of the service users and produces high quality information."

People received personalised care that took account of their individual choices and preferences and responded to their changing needs. People currently using the service required staff to support them over a 24 hour period. There were detailed comprehensive assessments in place to support staff in delivering care and supporting people in a way which responded to their individual needs. People's on-going care and support was planned proactively with their involvement and they were encouraged and enabled to maintain their independence. We observed that staff were patient and respectful of people's necessity to take their time to achieve things for themselves.

The support plans and risk assessments identified people's individual personal goals. For example, the type of activities they wanted to try and the way they wanted to connect with family. Records included details of the support that people required and their preferences for how they wanted their needs met. For example, staff were responding to a person's choice to stay in bed that day. A staff member said, "Every day is different and we are guided by (Person) choices."

Staff told us records were a good guide for them and provided them with the information that they needed to support people in the way that respected their choices. Changes to people's health and welfare were reported to the registered or deputy managers. Each issue was independently assessed and where necessary referred to an appropriate health professional. Records showed after any such event, an assessment of the person's needs and review of their care and support took place and amendments made where necessary. This showed there were systems in place to ensure staff responded effectively in the event of any change of circumstance.

People using the service had clear descriptions of their individual preferences, likes and dislikes. They contained thorough instructions for staff to follow in order to support people in as smooth way as possible and ensure people's personal choices and needs were met.

Staff had the information they needed to be able to understand and respond to people's specific needs. For example, responding to behaviour that may challenge emotional needs, communication needs and night time routines. The plans identified individual needs, a goal or aim, interventions required and an outcome to be achieved. These records were kept in people's homes so staff had access to the most up to date information.

Regular care reviews and risk assessments were undertaken and included feedback from staff and health

and social care professionals as well as giving the person receiving support the opportunity to contribute. This showed that people's on-going care arrangements were developed with input from all relevant stakeholders. A health professional told us the service was very good at sharing information with them in between reviews so they could respond to issues in a timely way.

Information on how to raise a complaint was contained in the service user guide that was issued to people when they started using the service. It was in a format which was meaningful for people to understand and use. This included contact details for CQC and the local authority. There had been no complaints raised since the service was registered in 2016.

Is the service well-led?

Our findings

Decisions about the operation of the service were shared through regular meetings and discussions with other health professionals. The registered manager acknowledged that it was important to gather views from people and staff in how well the service was supporting people, so that any improvements would be identified and considered and that the service could continually improve. Two health professionals told us they thought the service was well run and operated in the best interests of people using the agency. One said, "The quality of this service and the management support for the individuals is of a high standard."

The registered manager told us they regularly worked collaboratively with other commissioners to deliver a person centred approach around the individual needs of people using the agency. A health professional told us the managers and staff regularly engaged with them to report any changes or make changes as advised by other professionals.

There was a management structure which provided clear lines of responsibility and accountability. The registered manager, who had overall responsibility for the service, was supported by a deputy manager and experienced staff. The managers and staff team were known and visible to people who received care and support. There was an open, transparent and positive culture within the service and strong leadership was evident. The registered manager said, "We want to get it right and that's why we work really closely with everyone and listen to what they have to say". Our great strength is our relationship with all stakeholders."

The registered manager oversaw quality assurance systems to drive continuous improvement within the service. Policy and systems audits were carried out regularly. There were other regular audits for systems including medicines, accidents and incidents. A professional told us the registered manager was continuously looking at ways of moving the service forward. They said, "It is a committed provider service, diligent and professional."

Staff were motivated and committed to ensuring people received the appropriate level of support and were helped to be as independent as they could be. Staff told us they were encouraged and supported by the management team. They said with the support they received they were committed to providing a good quality service. Their comments included, "It's a great place to work and you're really feel supported at all levels" and "I'm really proud to work here. I feel valued and encouraged to contribute in how it's developing."

People received care and support from a competent and committed staff team because the management team encouraged them to learn and develop new skills and ideas. For example, staff told us how they had been supported to undertake a range of qualifications. One staff member said, "I've done so much training it's really encouraging the way it's promoted."

This was a small service and that while formal staff meetings took place there was daily communication and feedback left for staff. Staff told us communication was good and any changes were always fed back in communications records. No formal surveys had yet taken place to gain the views of people using the

service and staff. Staff told us they felt comfortable voicing their opinions with one another to ensure best practice was followed.

The service worked in partnership with various organisations, including the local authority, a range of health professionals including district nurses. Also, local GP services and mental health services, to ensure they were following correct practice and providing a high quality service.