

Pechiv Limited

# Pechiv Care Services

## Inspection report

5 East St Helen Street  
Abingdon  
Oxfordshire  
OX14 5EG

Tel: 01235798202

Website: [www.pechivcareservices.co.uk](http://www.pechivcareservices.co.uk)

Date of inspection visit:  
14 August 2017

Date of publication:  
18 September 2017

## 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?	Requires Improvement ●

# Summary of findings

## Overall summary

The inspection took place on 14 August 2017 and was announced. This meant we gave the provider 48 hours' notice of our intended visit to ensure someone would be available in the office to meet us. Pechiv Care Services provides support to people in their own homes within the Oxfordshire area. On the day of the inspection, five people were using the service.

The service was last inspected on 2 January 2017. During that inspection we found the provider did not have systems in place to assess the quality of the service provided. We also found not all risk assessments contained detailed guidance for staff on how to manage risks. We identified one breach of the Health and Social Care Act 2008 (Regulated Activity) Regulation 2014. We imposed a condition on the provider's registration to submit monthly audits to the CQC to ensure the quality of the service was being monitored.

At this inspection we found improvements had been made. Systems were in place to monitor and analyse the quality of the service. Guidance around risks had been improved.

The service had a registered manager in place. 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.

People received their medicines as prescribed. Staff had training and were checked to ensure they continued to be competent when administering medicines.

People who used the service felt safe and relatives had confidence in the ability of staff to keep people safe. Staff had received training on safeguarding adults and understood their responsibilities. Risks were assessed by the provider when someone first started using the service, and reviewed thereafter.

Recruitment processes were designed to ensure only suitable staff were selected to work with people. There were sufficient numbers of staff to meet the needs of people who currently used the service.

New staff received a five-day induction, as well as shadowing opportunities. During this time staff had mandatory training such as moving and handling techniques, food hygiene, and topics such as: handling medication and first aid.

Staff were supported through annual appraisals and a number of supervisions throughout the year. Staff told us that they felt supported by the registered manager and that communication was effective.

Staff were aware of their duties under the Mental Capacity Act 2005. They obtained people's consent before carrying out care tasks and followed legal requirements where people did not have the capacity to consent.

People who used the service and relatives consistently told us staff were caring, patient and upheld people's dignity. People confirmed staff encouraged them to retain their independence on a day-to-day basis.

People felt consulted and listened to about how their care would be delivered. Care plans were personalised and centred on people's preferences, views and experiences as well as their care and support needs.

People who used the service knew how to complain, and who to. Complaints were investigated and responses given.

The registered manager was described in positive terms by people who used the service and relatives.

Auditing and quality assurance systems took place to monitor the quality of the service so that action could be taken where identified.

## 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.

People's individual risks had been identified and guidance was in place so staff could support people safely.

Medicines administration training took place with observations to ensure staff competence.

Staff received safeguarding training and understood their responsibilities to report concerns.

Pre-employment checks of staff ensured the risk of employing someone unsuitable to work with vulnerable people was reduced.

### Is the service effective?

Good ●

The service was effective.

New staff received a range of mandatory training and shadowing support prior to supporting people who used the service.

Staff felt supported in their roles.

### Is the service caring?

Good ●

The service was caring.

People complimented staff and their caring attitude.

People's dignity and privacy was respected.

People's independence was promoted.

### Is the service responsive?

Good ●

The service was responsive.

People were involved in care planning process.

People told us they received appropriate support that responded well to their needs.

People knew how to complain and were confident any concerns would be appropriately responded to.

### **Is the service well-led?**

The service was working on embedding and sustaining improvements to be well-led.

Auditing and quality assurance processes were in place.

People who used the service and their relatives had confidence about the leadership of the service, as were staff.

**Requires Improvement** ●

# Pechiv Care Services

## **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 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.

The inspection took place on 14 August 2017 and was announced. This meant we gave the provider 48 hours' notice of our intended visit to ensure someone would be available in the office to meet us.

The inspection team consisted of one inspector. Before our inspection we reviewed all the information we held about the service. We examined the monthly audits submitted by the provider. We did not ask the provider to complete a Provider Information Return (PIR). This is a document wherein the provider is required to give some key information about the service, what the service does well, the challenges it faces and any improvements they plan to make. We asked for information from the local Healthwatch group. Healthwatch promote the views and experiences of people using social and healthcare services. We also contacted one health and social care professionals.

During the inspection we reviewed three people's care information, looked at a range of staff records, policies, procedures, auditing and feedback from people. We spoke with two people who used the service and one relative. We spoke with the provider who was also the registered manager and three members of staff.

# Is the service safe?

## Our findings

At the previous CQC inspection in January 2017 we identified concerns that the provider had not ensured that people's risk assessments contained detailed guidance for staff on how to manage identified risks. During this inspection we found the provider had made improvements. This demonstrated the provider had taken steps to ensure they complied with the regulations to keep people safer.

People had risk assessments in place specific to their individual conditions and needs. These were reviewed regularly, or when a change occurred. For example, one person was at risk of pressure sores. There was information in the care plan to check any areas of redness at each visit. We saw records of these checks had been completed on the daily records. We spoke with the person who said, "They are very observant around checking pressure areas for redness." Staff we spoke with demonstrated a good understanding of the risks people faced and how they helped people minimise these risks.

People who used the service and their relatives told us they felt safe in the presence of staff, and that they were trustworthy and sufficiently skilled to keep them safe. One person said, "I absolutely feel safe with them. I know they are going to turn up." A relative told us, "Oh gosh yes. Absolutely safe." People who used the service confirmed they knew who to contact in an emergency and that their calls were always responded to.

People, their relatives and care staff said they felt staffing levels were sufficient to ensure people received their care safely and on time. The provider had considered obtaining a telephone monitoring system to ensure staff made the required visits to people. However, due to the small number of people currently supported, it was not possible to have this implemented. The registered manager said and people confirmed they were able to alert her if they had a missed visit and they had taken account of this which reduced the risk of people not receiving their support. People we spoke with said they had not had any missed visits. A member of staff we spoke with said, "I feel we have enough staff. If we are running late we make sure we let people know."

Safeguarding training was delivered as part of the provider's induction and staff received refresher training on this topic. When we spoke with staff they were clear about their safeguarding responsibilities and how they could raise concerns.

When we reviewed people's medication administration records (MARs) we found these had been completed accurately. People told us they received their medicines on time. We saw the registered manager had undertaken direct observations of staff whilst delivering support and administering medicines. This demonstrated that steps had been taken to ensure that people who used the service were at less risk of unsafe administration of medicines.

We saw an incident and accident policy in place but the registered manager said none had been reported since the last inspection. Staff knew the process to report these and were provided with forms to complete to document actions taken.

People's homes had been checked to ensure their environment was safe, for example, from fire or tripping hazards. Staff told us they had enough personal protective equipment (PPE) available to ensure effective infection control.

We saw a range of pre-employment checks were in place, such as Disclosure and Barring Service (DBS) checks. The Disclosure and Barring Service carry out a criminal record and barring check on individuals. This helps employers make safer recruiting decisions and employ only suitable people who can work with potentially vulnerable adults.



## Is the service effective?

### Our findings

People we spoke with said all the staff were knowledgeable about how to meet their needs. One person told us, "I know they've completed some training recently. No worries about their competence."

Care staff had the relevant training to help meet people's needs. We saw the induction training included moving and handling, safe handling of medicines and food safety. The training was delivered over a five-day induction period and feedback from staff was positive that they felt prepared for their role. When we spoke with staff they were able to describe the training they had received and how it was relevant to their care roles.

People who used the service and their relatives were in agreement about the capabilities of staff that supported them. One person said, "They know what they are doing and I am confident in their skills."

Staff told us they felt supported in their role by the registered manager. Staff told us and records confirmed they had annual appraisal meetings and intermittent supervision meetings. We saw records on staff files that they had discussed their roles and responsibilities. One comment was 'Current training is making my work enjoyable.' We saw staff had appraisal meetings yearly and one person who had recently met with the registered manager had expressed interest in completing a national social and health care qualification. We saw a matrix detailing when staff's supervisions were next due.

People's care records showed relevant health and social care professionals, such as district nurses were involved in people's care. We saw people's changing needs were monitored, and information in care plans to notify the district nurse or GP if any concerns, i.e. skin redness or pressure sores.

In the care files we reviewed we saw people had consented to the care planned. When we spoke with people they confirmed this to be the case. One person said, "They always ask permission before my personal care and tell me what they are going to do, even though I already know."

We reviewed a sample of daily notes and found them to be sufficiently detailed regarding the tasks the carer had undertaken. We saw that tasks on the care plan had been completed and recorded.

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. We checked whether the service was working within the principles of the MCA. All people who were receiving support at the time of the inspection had full capacity. However, staff understood that if this wasn't the case they would always need to assume capacity or put in place actions to ensure best interest decisions were made in respect of people's care.

Staff had received food hygiene training as part of their induction. No-one we spoke with required any assistance with preparation of food.

## Is the service caring?

### Our findings

People who used the service and their relatives gave consistently positive feedback about the caring attitudes of staff. People who used the service told us, "I can't fault them. They're lovely"; "I would recommend them to anybody"; "They're very friendly and we have a great rapport" and "Very pleased with what they do for me. They make me feel very comfortable."

People felt secure when being supported with personal care by staff, who behaved in a respectful manner. People told us they were treated with dignity. One person told us, "When I first started having care from [Pechiv] I requested female carers. However, now I know them well I am happy to have male carers and am treated with dignity." Another person said, "Yes I am treated with dignity." A relative told us, "They always tell him what they're going to do, for example, put cream on his legs."

Staff told us that treating people well was important. A member of staff said, "It is important to have a chat and a bit of a laugh with people."

People said as the company was so small, they knew all the care staff. This ensured a continuity of care for people with staff they knew well. Everyone we spoke with said they were visited by a consistent team of care staff. A relative told us, "They're like members of our family. We are very happy and hope they continue." This was important as the person had three visits a day by care staff and it was important that they had a good relationship with the person and their relative. This meant care staff knew the person and their needs thoroughly which enabled them to support the person in line with the person's needs, preferences and wishes.

All people we spoke with felt involved in the planning of their care. One person said, "I am very much a part of it and very involved." We saw staff also helped people to maintain their independence, for example helping them to complete as many aspects of personal hygiene as they were comfortable with.

We saw sensitive personal information was stored securely on IT systems and the entrance to the service's office was via a secure door. This meant people's sensitive information was treated confidentially.

## Is the service responsive?

### Our findings

All the people we spoke with who used the service and their relatives felt their needs were well met and that their preferences were acted on. A relative told us, "My [relative] has a care plan and it is accurate."

People's needs were assessed prior to them receiving support and they confirmed that they had been involved in detailing the support they required.

Care files contained sufficient information for carers to undertake the necessary tasks as well as including information which was person centred. This included information about people's previous careers, relationships and pets. Person-centred care means ensuring people's interests, needs and choices are central to all aspects of care. This meant that staff could build up a rapport with the person and know what was important to them. We saw care plans described how people wanted to receive care. Staff we spoke with demonstrated a good understanding of people's likes, dislikes and individualities, as well as their care needs. For example, one person's care plan stated they liked to be independent. A member of care staff told us how important it was for the person to do as much for themselves as they could and wanted.

People's care plans contained information about what support they needed at each visit. For example, ensuring a continence aid was in place at night. There were also care plans to guide assistance with washing, grooming and about people's emotional needs. For example, one person suffered from anxiety and low mood and needed reassurance.

One relative told us that they had been able to have a holiday due to a member of care staff agreeing to support them. They said "One carer came away with us on holiday. It was essential for me to have the support. We couldn't have gone otherwise." They went on to say how pleased they were with the support. Another person told us that they had an appointment coming up and had asked care staff if they could come extra early in the morning to assist them get ready for it. They said the care staff immediately agreed to do this and the person said how much they appreciated this flexibility and responsiveness.

People who used the service and staff confirmed they took part in regular reviews. The registered manager reviewed people's care plans with them recording any changes required. Some of the reviews took place on the telephone and questionnaires were sent out every six months to gain feedback. We saw evidence of the provider changing the support people received based on their needs. For example, a review had evidenced that a person required support with their washing to ensure they had a good supply of clean clothes. We saw a new care plan requesting care staff to assist the person to put their clothes in the washing machine every Monday morning and then dried them during the evening visit.

The provider had a complaints policy in place. Everyone we spoke with was aware of how to make a complaint and confident they could do so if necessary. None of the people we spoke with had felt the need to make a complaint. We saw one complaint from an employee from an extra care housing scheme who said care staff were calling either too early or too late. We saw the registered manager had spoken with the member of staff to discuss this and the issue was resolved in a day.

The registered manager contacted people by telephone to routinely gather feedback from people who used the service. We saw the responses were mostly positive. Where people had provided feedback this was acted upon. For example, one person said they would like to be contacted if the carer was running late. We saw this was addressed during a team meeting in April 2017. We spoke with a person who said, "They always let me know if they are running late and that's fine."

## Is the service well-led?

### Our findings

At the CQC inspection in February 2015 we asked the provider to take action to make improvements to assess and monitor the quality of the services provided and use the information to improve the service. These concerns were breaches of Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014. We inspected again in January 2017 and found there was still no thorough system of monitoring the effectiveness of the service. For example, auditing information such as care plans to ensure they were up to date and accurate. People's risk assessments did not provide sufficient guidance for care staff to follow. There was no registered manager in place and the provider had not completed the necessary measures to ensure the location was correctly registered. This was a breach of Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014. We imposed a condition to require the provider to submit monthly reports to us to demonstrate that they were implementing a system to monitor and improve the quality of the service. At this inspection we saw these areas were improving.

One of the directors of the provider, Pechiv Limited, had registered with us to become the registered manager for the service. The correct address for the location had been added to ensure the provider complied with the conditions of their registration. We also saw that the registered manager had put in place systems to audit and monitor the service to ensure it was effective and safe.

The registered manager acknowledged that lessons had been learnt from past inspections and felt more confident that they understood the requirements to ensure they were compliant with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and the Care Quality Commission (Registration) Regulations 2009.

We asked the registered manager about their vision for the service. They said, "Despite the difficulties in sorting out the management and location I was determined to carry on as I have a passion for care work. I feel we offer a good service and people are happy."

The staff we spoke with felt the registered manager was effective and supportive. One staff member said, "She is a good manager. Always responds when you seek advice." Another member of staff said, "She comes along and sees what's going on." Care staff said they enjoyed their job. One said "It's good so far. Personally, I enjoy it very much."

People who used the service provided positive feedback about the registered manager, and how the service was run generally. One person said, "[Registered manager] is very much on the ball. We can contact them out of hours. They are very keen and flexible." Another said, "I know her, yes. I feel I could go to her if I felt it necessary."

The provider had co-operated with the condition placed on their registration to provide monthly audits to the CQC. During this inspection we reviewed progress and found all areas of the service were regularly checked by the registered manager. For example, medication stocks, daily records, care plans, environment

checks such as water temperature logs for people assisted to bath or wash. For example, we saw that following a medicines stock balance check, it was noted where there were discrepancies such as a person being in hospital meaning they did not have their medications at home during that time. This demonstrated the provider had addressed the breach of legislation since our last inspection.

We found morale to be good amongst the staff and they confirmed they had the chance to meet as a team. We saw team meeting notes where it recorded that care staff were to ensure that the office was informed if they were delayed.

The service provided care to a very small number of people across a small geographical area. We asked how staff were kept updated and were told they met up when possible. They also used a social media group text messaging application but ensured that no identifiable sensitive information was used. Staff said it ensured they were kept up to date and informed immediately about any changes or concerns. The provider was aware that if the service grew then a system needed to be in place to effectively monitor visits. This demonstrated the provider was keen to put in place systems that would give them long-term stability and ability to provide personal care to a larger number of people.

All staff we spoke with displayed a positive, caring attitude and it was clear in the responses from people we spoke with throughout the inspection that the culture of the service was a caring one that was focussed on delivering good standards of care.

Following the last inspection, the provider took action to improve the management of Pechiv Care Services. We need to ensure that the improvements made are embedded into the service and that they are sustainable.