Penhellis Community Care Limited

Penhellis Community Care Ltd (Roche)

Inspection report

Victoria
Roche
St Austell
Cornwall
PL26 8LQ

Date of inspection visit:
10 June 2018
11 June 2018
24 July 2018
30 July 2018

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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

This inspection took place on the 10, 11, 24 and 31 July 2018 and was announced in accordance with our current methodology for the inspection of domiciliary care services. Not everyone using the service receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating.

Penhellis Community Care Ltd (Roche) is a domiciliary care service that provides support to over 150 people living in the east of Cornwall. The service normally provided visits of between 20 to 60 minutes to support people living in their own homes. This service has not been inspected before as it was previously a sub office of Penhellis Community Care Limited which was rated as good overall when last inspected in March 2017.

The service had two registered managers at the time of our inspection. One registered manager was based in the service full time and provided day to day leadership to the staff team. The other registered manager was also the providers nominated individual and was based in the provider's Helston office but visited this service regularly. 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 roles and responsibilities of each registered manager were well understood and clearly defined. The registered managers were supported by three roster supervisors who were responsible for overseeing and planning care in specific geographical areas. Staff said they were supported by the office team and told us, "The manager is really good", "The registered manager is very supportive" and "This is the best agency I have worked for."

People and their relatives were complimentary of the quality of care and support the service provided. Comments received included, "I feel safe with them", "I feel mum is in safe hands", "They treat me like one of the family. They all have a laugh" and "[The Staff] are very caring and make a big fuss of my mum". Staff understood their role in protecting people from abuse and discrimination. Safeguarding procedures were well understood by managers and staff told us any concerns they reported were acted upon.

There were sufficient staff available to provide all planned care visits and the service's visit schedules were well organised. Staff were provided with appropriate travel time between consecutive care visits. Daily care records and call monitoring information showed visits were routinely provided on time and for the full duration.

Staff recruitment records showed all necessary pre-employment checks had been completed. Staff reported that they were well supported by their managers and that team meetings were held regularly. Staff comments included, "We have regular staff meetings and often discuss safeguarding issues", "I definitely feel supported" and "My supervisor is really nice and approachable."

The service had appropriate induction training processes in place and all staff were sufficiently skilled to meet people's needs. Records showed staff training was regularly updated and people told us "They're very well trained. I can't fault them."

Care plans were available in each person's home and provided staff with sufficient detailed information and guidance. These documents had been updated regularly and included specific information on the support staff should provide during each planned care visit. Information about visits where the service was providing respite support for family carers was less detailed. This issue was discussed with the registered manager. They assured us they would update these care plans to provide staff with specific guidance on how to meet people's individual needs during these longer support visits.

The service was in the process of introducing a new digital care planning, visit scheduling and call monitoring system at the time of our inspection. The transition to the new system had been well managed and staff reported it was easy to use. The system enabled staff to access information about people's care needs and visits schedules via a mobile phone application. In addition, staff could use the application to report any observed changes to people's needs to office staff and share information with staff due to provide further care visits. One staff member told us, "The app takes some getting used to but I think it is going to help a lot."

The service's records were well organised and there were appropriate quality assurance systems in place designed to drive improvements in the service's performance. All daily care records were audited on return to the office and compared with call monitoring information. Where any discrepancies had been identified these had been investigated and resolved.

People were encouraged to provide feedback as part of care plan reviews and records showed all minor concerns or complaints made had been investigated and action taken to improve the quality of support provided. People said they would recommend Penhellis Community Care (Roche) Limited and their comments included, "I would recommend them to anyone" and "I find Penhellis absolutely first class."

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. There were sufficient staff available to provide all planned care visits.

Visit schedules included appropriate amounts of travel time between consecutive visits. The service operated a fleet of lease cars to minimise the risk that vehicle unreliability would lead to missed care visits.

Recruitment procedures were safe and staff understood both the providers and local authority's procedures for the reporting of suspected abuse.

Staff supported people to safely manage their medicines and necessary risk assessments had been completed.

Is the service effective?

Good

The service was effective. Staff were well trained and there were appropriate systems in place for the induction of new members of staff. Staff new to the care sector were supported to complete the care certificate.

Team meetings were held regularly and staff supervision needs had been met.

Staff and managers understood the requirements of the Mental Capacity Act and there were systems in place to record people's consent to planned care.

Is the service caring?

Good

The service was caring. People received support from staff they knew well and whose company they enjoyed.

Staff respected people's privacy and dignity and where people had expressed preferences in relation to the gender of their care staff these needs had been met.

Is the service responsive?

Good

The service was responsive. People's care plans were detailed

and personalised. These documents contained sufficient information to enable staff to meet people's identified care needs.

People understood how to make complaints about the service's performance and there were appropriate systems in place to ensure any complaints received were investigated.

Is the service well-led?

Good

The service was well led. The registered managers had provided staff with appropriate leadership and support and staff were well motivated.

Quality assurance systems were appropriate and people's feedback was valued.

There was an on-call system in place to support staff outside of office hours.

Penhellis Community Care Ltd (Roche)

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.

This inspection took place on the 10, 11, 24 and 31 July 2018 and was announced. The inspection team consisted of two adult social care inspectors and an expert by experience. An expert by experience is a person who has experience of, or has cared for a person who uses similar services.

This service has not been inspected before as it was previously a sub office of Penhellis Community Care Limited. That service was last inspected in March 2017 when it was found to be good overall. Prior to the inspection we reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection spoke with 17 people who used the service, three relatives, 13 members of care staff and both registered managers. In addition, we inspected a range of records. These included six care plans, five staff files, training records, staff duty rotas, meeting minutes and the service's policies and procedures.

Good

Is the service safe?

Our findings

People and their relatives consistently told us the service provided safe care. Their comments included, "I feel safe with them" and "I feel mum is in safe hands." One person's relative described an incident where their loved one had collapsed during a care visit and commented, "The workers handled it perfectly."

People were protected from the risks of abuse and discrimination because staff had received training to help them identify possible signs of abuse and understand what action to take to ensure people's safety. Information about local safeguarding procedures was available in the service office and within people care plans. Staff had confidence any issues they reported would be addressed and one staff member told us, "I reported some concerns about a client who had some bruising and this was dealt with." The registered manager and roster supervisors had experience of making appropriate referrals to the local authority in response to safeguarding concerns. One roster supervisor told us, "Safeguarding (issues) I just report them straight away. I have made alerts in the past."

Risks in relation to people's care and support needs had been identified during initial care visits. People's care plans provided staff with guidance on the actions they must take to protect people and themselves for each identified areas of risk. For example, where people had been identified as being at increased risk of falls. Staff were provided were provided with guidance on both how to support the person when mobilising and how and where to position items to minimise the need for the person to mobilise independently between care visits. Staff ensured people's telephones and life line alarms were within reach at the end of each visit so people could call for help if required. People told us, "The carers test my panic alarm now and again" and reported that this gave them additional confidence these systems would work if required.

The service had emergency procedures in place and there were systems in place to enable planned visits to be prioritised during emergencies or periods of adverse weather. These systems had worked well during the winter snows of 2018. Devon and Cornwall Police had written to the service and some individual care staff who had been nominated as 'Snow heroes' to express their profound thanks for the support they had provided during this period of disruption.

Where accidents or incident occurred, these were documented and investigated by managers. Learning identified during these investigations was shared with all staff to further improve safety. Where people used equipment to support their mobility needs there were systems in place to ensure this equipment was checked before use. The service maintained records of when this equipment had been serviced and used this information to support people to arrange subsequent checks.

People told us the service was reliable and none of the people we spoke with had recently experienced a missed care visit. However, during our analysis of daily care records and call monitoring information we did identify an occasion, in the month prior to our inspection, when a planned care visit had been missed. We discussed this with the roster supervisor for the area who was aware this visit had been missed. Records showed all incidents that had resulted in care visits being missed had been appropriately investigated. Where it had been identified that staff performance issues had resulted in missed care visits appropriate

disciplinary action had been taken. The roster supervisor told us, "We have very few missed visits. Two or three in the last month were because of [staff who have been dismissed]."

The service recognised that the unreliability of staff vehicles was a significant risk factor in relation to missed care visits. In order to mitigate this, the service operated a fleet of approximately 25 lease cars and aimed to have two cars available for immediate use in the event of staff vehicle breakdowns. On the day of our inspection we found five cars were available for use if required.

The service's visit schedules were well organised and there were sufficient staff available to provide all planned care visits. At the time of our inspection the service was fully staffed but recruitment was ongoing with the aim of providing additional capacity to cover staff leave.

Visits in specific geographic areas were grouped together in fixed runs and the service only took on additional care packages in areas where they had available capacity. Staff told us they had no concerns in relation their visit schedules and we found reasonable amounts of travel time had been allocated between consecutive care visits. Where any changes were made to visit schedules staff were informed of these changes directly. This was done to minimise the risk of staff becoming confused by changes which might lead to planned visits being missed.

The service used an electronic visit scheduling and call monitoring system to help ensure all planned care visits were provided each day and to increase staff safety. This system allowed care staff to use a mobile phone application to report when they arrived and departed from each visit and to report any significant observed changes in people's needs to office staff. This system was monitored by office based staff in real time and where any issues were identified they were addressed promptly. During the inspection, roster supervisors contacted care staff to check on their safety and to confirm visits had been completed where staff had failed to correctly use the call monitoring system.

The service had suitable and robust recruitment procedures in place. All necessary pre- employment checks had been completed to demonstrate staff were suitable for employment in the care sector. These included references from previous employers and Disclosure and Barring Service (DBS) checks.

Where people required assistance to manage their medicines this was provided by staff who were sufficiently trained and competent. People told us, "They always check I take my medicines" and "They put [my tablets] out for me." Daily records included details of the level of support each person received with their medicines.

People told us all the carers wore uniforms while providing support and that aprons and gloves were used appropriately. Staff had a good understanding of infection control procedures and Personal Protective Equipment including disposable gloves and aprons were available from the service's offices.

Good

Is the service effective?

Our findings

The service used information supplied by care commissioners as the basis from which people's care plans were developed. Initial care visits were provided by the service's senior carers who completed detailed assessments of people's specific needs. People's individual care plans were developed by combining information gathered during assessments with details supplied by commissioners and additional details gathered by staff during the first week of care provision.

The service used technology appropriately to ensure the safety of people and support staff. At the time of our inspection the service was in the process of transitioning to a new digital care planning, call monitoring and visit scheduling system. This system enabled staff to record details of the care provided and their arrival and departure times from each care visit using a mobile phone application. Managers had recognised that this was a significant change and had paused accepting new packages of care during the transition period. This had enabled the service to operate both systems simultaneously to ensure that the new systems worked effectively and to prevent this transition impacting on people's experience of care. Staff were comfortable using the new system and told us, "The app takes some getting used to but I think it is going to help a lot" while managers commented, "The new system is easier to use".

When new staff were appointed they completed a week of classroom based training before shadowing more experienced staff to observe how care was provided. Staff told us this training had been useful and commented, "I had a good induction, I didn't work on my own until I said I was ready." A new staff member with previous care experience told us, "Despite having worked in care before I had two and a half weeks induction." Staff new to the care sector were supported and encouraged to complete the care certificate within their first eight weeks of employment. This nationally recognised training package is designed to provide staff with an understanding of current good practice.

Staff normally completed a week of shadowing visits before providing care independently. During the shadowing period feedback on the performance of new staff was regularly monitored by the registered manager and there were systems in place to record details of the experience gained during shadow visit. Staff records showed additional shadowing shifts had been provided where new staff did not feel sufficiently confident. Staff told us they were, "Given all the time we need to shadow other workers." People told us they sometimes observed new staff completing shadow visits and commented, "[The new staff] do listen to [the staff] showing them - they really are good".

People and their relatives told us they were confident staff had the knowledge and skills to meet their needs. Comments received included, "They're very well trained. I can't fault them" and "They're capable." Staff records showed training was completed in topics considered mandatory by the service including basic life support, moving and handling, safeguarding adults and risk assessment. Staff told us, "The training is brilliant" and "Our training is excellent." There was a dedicated training room at the service's office where a range of manual handling aids were kept. This enabled staff to experience what it was like to use this equipment and how it felt to be supported to mobilise.

The provider actively encouraged and supported staff to complete additional training to further develop their skills. Records showed staff were awarded pay increases following the successful completion of both the care certificate and level 3 diploma qualifications.

Staff received regular support and supervision from managers. Staff told us, "They have been really good at supporting me", "I definitely feel supported" and "My supervisor is really nice and approachable." Records showed supervision was a combination of office based, face to face meetings and spot checks where senior carers directly observed the quality of care provided by individual staff. There were systems in place to help ensure all staff received regular supervision and annual performance appraisals. Senior carers responsible for providing staff supervision told us, "I do supervisions and spot checks. I get a list of supervisions that are required."

Staff told us, "We have team meetings every three or four months" and "We have regular staff meetings and often discuss safeguarding issues." The minutes of these meetings showed they had provided opportunities for staff to discuss specific issues in relation to people's needs and for managers to share details of any planned changes within the service.

People were supported to manage their food and fluid intake. Care plans included information about people's dietary preferences and, specific guidance on how individuals liked their meals to be prepared. In addition, care plans advised staff to ensure people were able to access snacks and drinks between care visits. For example, one person's care plan stated, "Before leaving ensure [Person's name] has all she needs to hand including a drink and snack if wanted."

People were supported to access external healthcare services and, where necessary, the service had made appropriate referrals for additional support. Advice and guidance from professionals had been adopted and included in people's care plans.

Everybody we spoke with told us staff offered assistance and sought consent before providing support. Records showed people had been involved in both the development and review of their care plans and where appropriate had signed these documents to formally record their consent to the planned care.

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. The registered manager and staff team understood this legislation and were in the process of introducing new systems to ensure the service had accurate records where people had appointed people to be their lasting power of attorney.

Good

Is the service caring?

Our findings

Everyone we spoke with was complimentary of the care and support provided by the staff of Penhellis Community Care, Roche. People and their relative's comments included, "They're very caring and make a big fuss of my mum", "Good as gold", "They're great, they are" and "They're very kind and they stay and have a chat with me." One person effectively summarised the feelings of all who we spoke with saying, "I am very happy with them. They are pleasant, charming, and very efficient. They do the job well and they are kind."

Visit schedules and staff rotas showed people were normally supported by small groups of carers who visited regularly. People told us they enjoyed the company of their care staff and looked forward to their visits commenting, "Mum loves them, just like family", "They've become my friends", "I enjoy seeing them" and "They treat me like one of the family. They all have a laugh."

People told us their staff normally arrived on time and that support was provided at a relaxed pace. People had no concerns in relation to the duration of their care visits and told us, "They take their time and do the job properly", "They never make me feel as though they are rushing" and "If they are late they stay on to finish their work after time."

The service took account of the individual communication and support needs of people with a disability, impairment or sensory loss. People's specific communication needs had been identified as part of the care assessment process and care plans included guidance on how to communicate effectively while providing support. For example, one person understood verbal communication but was only able to respond using the written word because of their condition. This person's care plans provided staff with guidance on to communicate effectively and support the person to make meaningful choices during care visits. Where people had expressed preferences in relation the gender of their carer these preferences were recorded in the visit scheduling system and respected.

People told us staff acted to ensure their privacy and dignity was respected at all times. People's comments in relation to how staff ensured their dignity was protected included, "Very much so – they always shut the door and close the curtains and windows" and "They always shut the door if visitors are about so that they can keep what they do private." While a relative told us, "They do treat mum with respect."

People had been involved in both the development and review of their care plans and had signed these documents to formally record their consent to the planned care. Records showed people were able to decline aspects of their planned care and their decisions were respected. Staff told us when people declined support, "I would try to politely persuade [the person] but would respect their decision." Where specific care tasks were repeatedly declined staff reported these issues to managers. Where repeated refusal of support was likely to impact on the person's wellbeing these concerns were reported to care commissioners.

Care files and other information about people who used the service was stored securely and accessible by staff when needed. The service's new mobile phone application which included details of people's care plans and visit schedules was password protected and staff access to this system was withdrawn when they

resigned from the service. This meant people's confidential information was protected appropriately in accordance with data protection guidelines.

Good

Is the service responsive?

Our findings

People's needs were assessed by senior carers during their first care visits. These experienced staff developed each person's initial care plans based on information from care commissioners and people's likes and preferences. Initial care plans were reviewed and updated after the first four weeks of care provision to incorporate staff learning and any additional preferences expressed. Where appropriate people's relative and friends had also been involved in the development of the care plan.

Each person's care plan included details of the person's background, life history and interests as well as an overall aim for the planned care. This helped staff to develop relationships with the person, recognise what was important to them and provided useful prompts to help new staff identify topics of conversation the person might enjoy.

People confirmed copies of their care plan were available in their homes and that they had been involved in the process of developing these documents. One person's relative told us, "They talked my mum through the plan initially." Staff told us, "The care plans in people's homes are fine" and all of the care plans we reviewed were sufficiently detailed. They provided staff with appropriate guidance on how to meet people's individual care needs. For each care visit staff were give specific instructions on tasks to be completed including details of the level of support the person normally required with specific tasks. However, where staff were allocated to provide longer visits to enable family carers to have some respite there was a lack of specific guidance about these visits. We discussed this issue with the registered manager who said these care plans would be updated to ensure staff were provided with detailed instructions on how to meet people's needs during these longer support visits.

During each care visit staff completed notes of the care and support they had provided. This included details of the arrival and departure times, records of specific tasks completed and observations in relation to the person's mood and any changes in their care needs.

At the time of our inspection the service was in the process of transitioning to a new digital care planning system and all care plans were being reviewed and updated as part of this process. The new system would enable staff to access people's care plans using a mobile phone application. This application would enable staff to immediately report any concerns to managers and to highlight issues for care staff scheduled to carry out the next visit. For example, staff had used this system to advise staff on the next visit that they had put some laundry on and that it needed to be hug out to dry. Staff told us this new system was working well and meant that care plans could be more regularly updated in future.

The service had an appropriate complaints procedures in place. People and their relatives told us, "I have no complaints" and understood how to raise any issues or minor concerns with managers. Where people had raised concerns, they reported these had been addressed and resolved. Two people who had previously reported issues in relation to the practice of individual carers told us, "It was sorted immediately, he didn't come again" and "I had one carer. I didn't trust her And I complained . The management changed her immediately."

The service recognised the importance of supporting people to remain at home at the end of their lives if they wished. There were systems in place to support people to achieve this aim and some staff had received training in end of life care.

Good

Is the service well-led?

Our findings

People were complimentary of the quality of care and support provided by the service and told us, "I would recommend them to anyone" and "I find Penhellis absolutely first class. They care." Staff also spoke highly of the service and the management team. Their comments included, "I would recommend them", "The registered manager is very supportive" and "As a whole, as a team we all work really well together."

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 service had two registered managers in post. One was based full time in the Roche office while the other, who visited the service each week, was normally based in the provider's head office in Helston.

The registered managers were supported by four rota supervisors, an office manager, a finance manager and an administrator. Each rota supervisor was responsible for overseeing and planning care in a specific geographical area with the support of a senior carer. Senior carers were normally based in the community where they provided a small number of care visits and supervision and support for care staff. The roles and responsibilities of office based staff were well defined and understood by care staff.

Staff told us they were well supported by the registered managers and office team who were open and approachable. Their comments included, "The manager is really good", "Great team. good communication" and "This is the best agency I have worked for." People who used the service told us, "It's definitely well managed."

Staff were well motivated and consistently spoke positively about the culture of the service. They told us, "I have been really happy working for them", "They are a good company", "It is the best company I have worked for" and "I would recommend anyone to use this agency or to work for them."

The registered manager based in the service worked alongside office staff in an open plan office which care staff were encouraged to visit regularly. Staff told us, "I can go into the office and talk to my manager at anytime." They were confident action would be taken in response to any issues they raised.

The organisation promoted equality and inclusion within its workforce. Staff were protected from discrimination and harassment and had a good understanding of these issues. There were systems were in place to ensure staff were protected from discrimination at work as set out in the Equality Act. Staff reported that their manager's recognised that outside factors could impact on their availability and the service was flexible and supportive in relation to these issues. One member of staff told us, "Had to go into the office today to ask to change my hours as my availability has reduced. They were really supportive about this and made the changes with effect from next week. This has been hugely helpful to my personal life."

There were appropriate on call systems in place to support people and staff outside of office hours. People

told us they were generally able to contact the service by telephone when they needed to and reported that if the line was engaged and they left a message this was responded to promptly. People's comments included, "They're easy to get hold of and they respond quickly" and "They're easy to get hold of and if I leave a message they get back to me."

Each month a manager's meeting was held involving the three registered managers from both the Helston and Roche branches of Penhellis Community Care. This meeting provided a formal opportunity for peer support and learning and enabled ideas to be shared between services. The registered manager told us he was well supported and commented, "I speak with [the registered manager at Helston] about ten times a day."

There were effective quality assurance systems in place at the service. All daily care records were returned to the service's office each month. These records were compared with call monitoring data and reviewed by office staff to identify any unreported issues and monitor the quality of staff record keeping. Where any issues were identified these were investigated and, if necessary, staff were provided with additional guidance, support or training.

People were encouraged to provide feedback on the service's performance. People were asked to complete questionnaires as part of the initial care plan review after the first four weeks of support and then annually. The feedback provided was generally complimentary and where people had reported minor issues action had been taken to improve their experience of support.

Information and records were well organised and stored securely when not in use. During our inspection staff were able to quickly locate all information required and we found the services policies and procedures were regularly updated.