

Penta-A Services Limited

Pent-A Care Support and Care Service

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

Pent – a – care is a domiciliary service providing personal care to people in their own home. The service is registered to provide support to older people, including people living with dementia, mental health needs and a physical disability. At the time of the inspection they were providing support to one person.

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

People were cared for by staff who protected them from the risk of abuse. The registered manager understood their safeguarding responsibilities. People told us they felt safe with staff.

Risks people may face were reduced as the service assessed people's homes and equipment, and put measures in place to reduce them.

The registered manager followed safe recruitment practices and had enough staff to meet people's needs.

People were protected from the risk of infection. Medicines were not managed by the service; however systems were in place to handle them safely in the future.

Systems were in place to learn when things went wrong, and the registered manager was open and transparent about sharing when things had not gone right.

People were involved in their needs assessment and care was prepared to cover what they wanted. People were supported by staff who had received appropriate training. People were encouraged to stay hydrated.

People told us the care they received was delivered by staff who were kind and patient. People's privacy and dignity was respected.

People's care plans were personal to them and contained details to help staff get to know people better.

There was a complaints policy and procedure in place. People's end of life wishes were respected.

The registered manager understood their responsibilities. They had quality assurance systems in place ready to capture people's feedback on the quality of the service going forward.

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.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 3 August 2021 this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Pent-A Care Support and Care Service

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses, flats and specialist housing.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information

providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager of the service who also provided care. We reviewed one person's care plan and risk assessments, one staff file including their recruitment and training records, management policies and procedures.

We continued to seek clarification from the provider to validate evidence found. We spoke to one person using the service and contacted their relative.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risks of abuse.
- People told us they felt safe with staff from the service. One person said, "Yes, I am safe with [registered manager]."
- The registered manager was able to give examples of the different types of abuse and how they would take matters further.
- There was a safeguarding policy and procedure and the registered manager knew the different organisations to report safeguarding concerns to. The registered manager told us they had zero tolerance towards abuse.

Assessing risk, safety monitoring and management

- Risk was fully assessed to protect people from potential harm.
- Records confirmed different risks were assessed, including, moving and handling to reduce the risk of harm. Details included how to manage risk for example, one person required their mobility equipment close to them at all times to reduce the risk of falls.
- Risk was regularly reviewed by the registered manager and changes to people's needs was updated promptly, records confirmed this.
- An out of hours number was provided for people to contact in the event of an emergency or where they needed help with their care. If people had a personal alarm to alert staff or relatives of an emergency, this was documented clearly in their care plan.

Staffing and recruitment

- The service had enough staff to support people and followed appropriate recruitment procedures.
- People using the service told us they received care on time.
- The registered manager was the primary person providing care. They had completed criminal records check with Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The registered manager had recruited a member of staff, who was not currently supporting anyone with personal care. Records confirmed the registered manager had followed their recruitment policy and procedure, checked employment history, previous experience, requested references, DBS and identification. This ensured they had staff who were safe to work with people at the service.

Using medicines safely

- There was a medicine policy to support staff when giving medicines in the community.
- At the time of the inspection, no one required medicine support from the service. The registered manager told us they were continually reviewing whether people needed support with their medicines.
- The registered manager as a trained nurse was knowledgeable in how to provide medicines in a safe manner, they told us they would check the medicines prescribed, their side effects and the frequency they needed to be administered and to ensure the medicine administration record was completed correctly.
- The registered manager told us they would record medicine errors and would escalate to the appropriate health professional for further help.
- The registered manager and their member of staff had completed medicines training.

Preventing and controlling infection

- People were protected from the risks associated with acquiring an infection.
- The registered manager and their member of staff had completed infection control training.
- The registered manager used personal protective equipment to minimise the risk of infection. The registered manager said, "Before going in, I still lateral flow check (Covid 19 – test), wear my mask, hand gel, gloves and apron."

Learning lessons when things go wrong

- At the time of the inspection there had been no accidents and incidents.
- Systems were in place, ready for the service and staff to learn when things had gone wrong. The registered manager said, "Escalating is not about finding who to blame, it's about learning to prevent it in the future."
- The service had an incident and accident reporting policy to support them in the procedure to follow after any accidents and incidents.

Is the service effective?

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 received a full assessment of need before they started to use the service.
- The registered manager told us they involved the person and their relatives when performing the initial assessment of need.
- Records confirmed people were asked if they needed support with medicines, mobilising, food preparation and level of personal care support.

Staff support: induction, training, skills and experience

- People received care and support from staff who were appropriately trained.
- The registered manager had completed a number of different trainings to support them in their role. These included, medicines, moving and handling, safeguarding, diabetes, infection control, mental capacity and equality and diversity.
- The registered manager had access to support and advice by way of a one to one meeting from other registered managers who provided personal care.

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

- At the time of the inspection the service was not supporting anyone with their nutritional needs, this was managed by people's relatives.
- People were assessed to determine whether they needed support with food and drink before the service began.
- The registered manager told us they always ensured people were left with a drink of water or tea close by after they had provided personal care, to ensure they stayed hydrated.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The registered manager was aware of the organisations to contact should people require support, these included working with the GP, pharmacy, social worker, district nurse and chiropodist.
- The registered manager had the contact number for people's GP and information about people's weight was being monitored to ensure prompt action could be taken if any concerns were identified.

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

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 MCA 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- People's permission was requested before care was delivered.
- The registered manager told us people who could verbalise their consent did so, records confirmed this.
- The registered manager understood the principles of the MCA. They told us, "Give [people] as much information as possible to make a decision. We don't assume [people] lack capacity. If they do I would complete an MCA assessment, involve family and social worker."
- Records confirmed, where a lasting power of attorney had been obtained to make decisions on behalf of someone's health and welfare, it had been verified.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. 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 were supported by a service who respected them regardless of their cultural needs, religious background, ethnicity, sexuality or gender.
- People told us they liked the care provided by the registered manager. One person said, "[Registered manager] is very nice." A relative provided feedback on the caring nature of the service, they said, "[Registered manager] is kind, patient and a good listener."
- The registered manager told us they were an inclusive service and anyone was welcome to use the service. The registered manager told us they needed to recruit staff from a wide section of the community to ensure people's staff preferences could be met going forward. For example, gender and language preference.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected.
- The registered manager told us they closed doors while providing personal care and respected people's confidentiality. Records were stored securely.
- The registered manager told us they didn't want people to lose their independence and encouraged people to keep doing tasks they could. For example, the registered manager told us one person was still able to wash their face by themselves and eat without support.

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

- People were regularly asked to express their views about their care and how they wanted it to progress, records confirmed this.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- People received care that was personal to them and their care plans had been written from their perspective, making it more person centred.
- Care plans were prepared by the registered manager with people. They included people's preferences, activities, life histories, important people and religious beliefs.
- Pictures were used to help people visualise what the care would cover in their care plan. For example, where people needed support with mobility, they had a picture of the equipment they used and the personal name they had given to it. This meant people received personalised support respecting their wishes.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were clearly documented within their care plan.
- The registered manager stated they were able to provide information in accessible formats where people required it.

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

- People were encouraged to maintain relationships important to them.
- A relative told us the registered manager was good as they were there to listen to their family member. They said, "[Person] enjoys talking to [registered manager]."

Improving care quality in response to complaints or concerns

- At the time of the inspection there had been no complaints.
- The service had a complaints policy and procedure detailing how to handle a complaint and where to direct people if they were not happy with any aspect of the service.
- People and their relatives we spoke to were happy with the service received to date.

End of life care and support

- People's end of life wishes were respected and recorded.

- Records confirmed the service documented what people wanted to happen when reaching end of life care.
- The registered manager told us they approached this area with compassion and understanding as it was sometimes sensitive for people and their relatives to discuss.
- Where people had a "Do Not Attempt Resuscitation Order", this had been discussed with the person and signed by their GP.

Is the service well-led?

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- The service focused on people's needs and wanted them to maintain a healthy life.
- People and their relatives told us they liked the registered manager, a comment included, "I like [Registered manager] very much."
- The registered manager had values they wanted to follow which promoted people receiving good outcomes, these included acting with integrity, innovative, excellent communication, accountable and actively caring.

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 demonstrated they had knowledge of the different notifications they were legally required to inform the CQC of.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager was clear about what was expected from them and they also explained this to their member of staff.
- During this inspection the registered manager told us they had not started audits as yet as they had recently started to provide care for people.
- The registered manager had a quality assurance policy to help them prepare for future audits and quality monitoring.
- The registered manager regularly asked people how their care was progressing when they visited to provide personal care.

Continuous learning and improving care; Working in partnership with others

- The registered manager regularly updated their skills and knowledge so they could provide effective support for people.
- The registered manager attended provider forums to support them in learning best practice and stay up to date with developments in adult social care.

