

Pentacare Services Ltd

Pentacare (Sevenoaks)

Inspection report

Pentacare, 2 The Square
Sevenoaks
TN13 2AA

Tel: 01732905405

Website: www.pentacare.co.uk

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

About the service

Pentacare (Sevenoaks) is a domiciliary care agency and provides personal care to people living in their own homes. At the time of the inspection, the service was supporting 21 people. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided..

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

Quality assurance systems were not robust enough to pick up areas found on inspection. Short falls were found in people's care plans, where people had known risks, they were not identified and mitigated through risk assessments. Not all care plans were completed to include person centred information and people experiencing heightened emotions did not have positive behaviour support plans. Training and induction had fallen behind but the registered manager had identified areas of improvement needed.

Staff were recruited safely. The service had a recruitment and selection process that helped ensure only prospective staff with the required skills and good character were employed to support people.

People told us they felt safe. Staff had received training in safeguarding and knew how to protect people from abuse. Policies were in place to ensure appropriate steps were taken.

People enjoyed visits from staff. Staff knew people well and encouraged independence. People told us staff were kind and caring and treated them with dignity and respect.

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.

Care plans that were complete were person- centred. They included people's personal histories, things that were important to them and personal goals. People and their relatives were involved in the care planning process. Regular reviews were carried out to ensure that they were up to date. People were involved in care plan reviews and encouraged to feedback about the service through surveys.

The registered manager was responsive areas of concern we found. They took immediate steps to put things in place. Staff told us, the registered manager was very supportive and approachable. People and relatives considered the service well-led and organised.

The service had established and maintained positive working relationships with other agencies including district nurses and GP surgeries.

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 07 December 2021 and this is the first inspection.

Why we inspected

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

You can see what action we have asked the provider to take at the end of this full report. Since the inspection the provider and management team have taken action to address the issues identified. The management team are currently working in partnership with the local authority, health partners and the CQC to improve the service.

Enforcement

We have identified breaches in relation to good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Pentacare (Sevenoaks)

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 an inspector and an Expert by Experience, who made calls to people and relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

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 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 19 January 2023 and ended on 24 January 2023. We visited the location's office/service on 19 January 2023.

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 information gathered as part of monitoring activity that took place on 03 November 2022 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

During the inspection

We spoke with 2 people who used the service and 7 relatives about their experience of the care provided. We met with the registered manager and spoke with 3 care workers. We looked at written records, which included three people's care records and two staff files. A variety of records relating to the management of the service were reviewed.

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 requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risks to people were not always managed safely. Risks had not been assessed, mitigated and reviewed through risk assessments. For example, a person with identified health conditions had not had all associated risks assessed which placed them at risk of choking.
- Where a person had multiple falls, a falls risk assessment was not in place. The registered manager told us how they were supporting this person and the care plan detailed this. However, known risks were not assessed and mitigated.
- Staff knew people and their risks well. The registered manager acted quickly in providing detailed risk assessments for people where we found them missing.

Learning lessons when things go wrong

- Processes were in place to ensure accidents and incidents were recorded but these had not been analysed or audited to look for patterns or trends. The registered manager could not be fully assured all measures were taken to prevent recurrence.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to protect people from the risk of abuse. Policies were in place and where necessary referrals were made to the local authority safeguarding team.
- Staff told us they received training in safeguarding. Staff were able to tell us what signs to look out for if they were concerned and where they would report internally. Not all staff were able to tell us where they could report to externally, the registered manager ensured us they would refresh staff.
- People and their relatives told us they felt safe receiving care. One person told us, "I couldn't be happier with them, they make me feel very safe." A relative said, "My [person] feels absolutely safe with the carers being there."

Staffing and recruitment

- Staff were recruited safely and there were enough qualified and competent staff to safely support people. Staff files included staff work references, identity, employment history, and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safe recruitment decisions and helps prevent unsuitable staff from working with people.
- People and their relatives told us they received care from regular carers that knew them well. One relative told us, "I feel there is enough staff on hand, my [person] has the same cluster of carers that they are used to." A person told us, "The carers are just wonderful, we have a group of carers in case anyone is ill."

- The carers and registered manager recognised the need for more carers. However, they understood it was a process which takes time. New clients would not be taken on until staff had been safely recruited and trained.

Using medicines safely

- Medicines were managed safely. Care records contained detailed information of people medicines, their dosage, where they were stored and route of administration.
- Staff were able to tell us how they supported people with their 'when required' (PRN) medicines, for example, for pain relief. Care plans included information for staff on what the medicines were for. The registered manager was working on individual PRN protocols to be accessible in people's homes.
- People who received assistance with their medicines had records detailing when and who provided the support. Electronic Medicines Administration Records (eMARs) were appropriately recorded, where we identified some gaps these were explained.

Preventing and controlling infection

- People were protected from the risks associated with poor infection control. The service had processes in place to reduce the risk of infection and cross contamination.
- Care workers were supplied with appropriate personal protective equipment (PPE), including gloves and aprons. They had also completed training in infection, prevention and control.

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.

Staff support: induction, training, skills and experience

- Staff training and inductions were in place. Not all staff had completed all training modules, however, this had been identified by the registered manager and plans for improvement were already in place. Staff we spoke to had the knowledge and understanding to carry out their roles effectively.
- Some staff told us they had received an induction and shadowing before working alone. However, other staff said their induction was minimal. The registered manager had recognised short falls with inductions and had plans to ensure these were up to date.
- Staff supervisions were carried out including staff performance checks. The registered manager provided us with a new form they planned to use to sign off new care staff spot checks. This was to give them assurances staff were ready to work unsupervised in their roles.
- Relatives told us they felt staff were knowledgeable and effective in their roles. One relative told us, "They look very professional and know what they are doing in my eyes. I think they are well qualified." Another relative said, "I'm happy that all the duties have been covered without fail when they leave."

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.

We checked whether the service was working within the principles of the MCA.

- Mental capacity assessments were not completed for decisions relating to people's care or treatment. The registered manager recognised where the shortfalls were and had plans to include these moving forward. At the time of our inspection no one was being restricted.
- Some staff had training around the mental capacity act, but not all staff were aware of how to put this into practice. This was a refresher the provider was sourcing.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had their needs assessed prior to having a package of care. The registered manager told us they ensured people were treated individually and not discriminated against. Care plans were put together to meet people's individual aims and priorities rather than a 'one size fits all' approach.
- Staff had access to people's care plans before providing care to people so they could understand how to meet people's needs. Staff accessed these records on their phones. During the inspection, we found people's care plans provided information on people's current care needs.

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

- People were supported to maintain a healthy diet. Care plans included what support people needed and were individualised to each person. For example, one person wanted to try to remain independent and cook meals for themselves. Where a person required prompting to drink more fluids, it was included in the care plan and notes identified this was being carried out.
- Where people had complex needs, staff were aware of how to support people. For example, 1 person had a medical condition which required soft food to be given, this was recorded in the persons care plan. Where another person did not like to eat, staff gave us examples of how they supported them safely.
- People and their relatives told us how they were supported with their meals. One person told us, "Staff help me to prep my meals, they always make sure I am left with a glass of juice before they leave."

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

- Staff worked with other agencies, such as the local GPs, to provide effective care. Where a person was expressing increased anxiety, care staff arranged a GP consultation with them for additional support. Steps were taken and actions were recorded in the person's care plan, including follow up arrangements. A person told us, "My GP visits me at home, then the carers support me at home with any specialist care."
- People and their relatives told us how they were supported with healthcare appointments. One relative told us, "The carers have taken care of contacting the doctor's surgery and to get the doctor out if my [person] is feeling unwell."
- Copies of people's care plans were in people's homes with an overview of people's needs to support transition into emergency care if needed.

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 treated well and supported by caring staff. Care staff spoke about people in a compassionate way respecting equality and diversity. Staff knew the people they were caring for well and in line with what people's care plans included.
- People and their relatives told us staff were kind and caring. One person told us, "They generally don't rush me and are really caring. They are very friendly all the time they are like close friends."
- Staff were aware of people's protected characteristics for example age, disability and race. Staff promoted respect when providing support.

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

- People were supported to make decisions about their care. In the assessment planning process people were involved and desired outcomes were recorded. Staff we spoke to knew people well and what was important to them.
- People and their relatives told us they were involved in making decisions about their care. One relative told us, "We were all involved in putting together [person's] care plan and what [person] wanted in it."

Respecting and promoting people's privacy, dignity and independence

- People told us staff always respected their dignity and privacy and promoted their independence. One person told us, "The staff are so caring and help me with a variety of tasks, but they really do encourage me to remain independent."
- Staff told us how they treated people with respect promoting dignity. One staff member told us, "It is important to treat people with respect and like human beings, keeping their wishes is so important. When I provide personal care, I make sure it is in a dignified way."

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 personalised care responsive to their needs. Care plans included people's histories and outcomes that were important to them. Care needs were individualised and clear guidance for staff was available. A relative told us, "Yes we have a care plan in place, we reviewed it last week actually."
- Staff were able to tell us how they supported people specific to their needs and preferences. This reflected what was recorded in people's care plans.
- People told us their care plans were kept up to date. One person told us, "I have my care plan in the folder and it's always kept up to date, I have no concerns."

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 preferred method of communication was clearly recorded within their care plans. This enabled staff to communicate with people in a way they understood.
- The provider had appropriate arrangements in place to provide information in accessible formats. This included preadmission assessments for people. Preferred communication methods were explored for people to ensure they were able to communicate their needs effectively.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and people told us they had access to it if they needed it. People and relatives told us they would know how to complain and felt confident they would be listened to.
- The service had not received any complaints since registering with CQC.

End of life care and support

- At the time of the inspection, the service was not supporting anyone with end-of-life or palliative care needs.
- The registered manager was working on advance statements to discuss with people and their relatives. End of life care plans were to be implemented as and when it was needed. Staff training was currently under review to ensure staff felt confident to deliver end of life care to people in a dignified way.

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 require improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Quality assurance systems were not fully embedded in the service to ensure effective oversight. Issues found during our inspection were not always picked up and some areas had been missed for some time, for example care note oversight. The registered manager had a plan to improve how audits were to be carried out.

- Although some care plans were in depth and person centred, we identified shortfalls in others. Improvements were needed to ensure all care plans included relevant information for people. Staff knew people well, however, there would be a risk that new staff wouldn't have relevant information to follow.

- Positive behaviour support plans were not in place for people. Where we identified people who express their feelings through heightened emotions, plans to support them were not in place. The registered manager informed us this would be something they look to implement.

- Most staff had received training in supporting people with their medicines. However, we identified a care worker who was administering medicines without the correct training or competence check. The registered manager stopped this immediately and gave assurances appropriate training would be provided to all staff who assisted with medicines.

- Risks to people and staff were not well managed. We identified people who had known risks and one potential risk to the safety of staff. The registered manager worked quickly to put these in place, however, it had not been identified until our inspection.

- Audits were not carried out on accidents and incidents. Patterns could not be identified to prevent further reoccurrence and we could not be fully assured actions were carried out.

We found no evidence that people had been harmed. However, systems were either not in place or robust enough to demonstrate good governance. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager was responsive to the inspection process and told us they were willing to learn and improve. We saw evidence the registered manager had started to address the issues identified during the inspection. Additional support had been given by the provider to ensure necessary improvements could be made.

- The provider introduced external audits to ensure further oversight at the service. These would be carried out by another registered manager within the care group. An improvement plan would be developed after

these audits with actions and timescales for completion.

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 provider understood their responsibility under the duty of candour. The duty of candour requires providers to be open and honest with people when things go wrong with their care, giving people support and truthful information.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager was promoting a positive culture within the service. They were open to receive feedback and make improvements to the service to ensure good outcomes for people.
- People and their relatives were positive about the management team. Comments included, "The management is just one word (perfect!). You can get straight through to them at any time and they are right on the ball to help". And, "My relationship with management is very good and I can call on the office at any time. I can't fault anything really."
- Staff we spoke to were very positive about the management team. One staff member said, "We all work together, it's really refreshing, and I can raise any concerns with the manager. The provider is always visible in the office and is approachable too. We have a good staff morale."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People's and relative's views were sought via satisfaction surveys. Feedback was reviewed and analysed and over 90 per cent of the feedback was positive. Any comments were recorded on an action plan for review. A comment we reviewed by a person was, "I receive outstanding care."
- Staff had team meetings and told us they were able to raise concerns with the registered manager and provider.
- The registered manager worked closely with external agencies such as the local authority and health care professionals. Where people required an increase in care call time to meet their needs, the registered manager acted quickly to request the change. Healthcare professionals were contacted when people required support from their GP.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance We found no evidence that people had been harmed. However, systems were either not in place or robust enough to demonstrate good governance. This placed people at risk of harm.