

Papillon Home Care Limited

Papillon Home Care

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

Papillon Home Care provide personal care to one hundred people in their own home. 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

People told us staff supported them to stay happy and well. One person told us, "The staff are very kind, they bring a little bit of light into our life".

Assessments of people's needs and any risks had been completed. People had planned their care with staff, including the care they received at the end of their life. People and they relatives told us staff provided their care in the way they preferred. Detailed guidance about how to provide people's care was included in everyone's care plans to support staff provide consistent care. People were not discriminated against and received care tailored to them. People were encouraged and supported to be as independent as possible. Staff were caring and treated people with dignity and respect.

The provider and registered manager had a clear view for the service and had developed a culture which supported staff to share this view. They had oversight of the service and completed regular checks to make sure the service met the standards they required. The provider and registered manager had plans in operation to continually develop and improve the service. Staff felt supported by the registered manager and were motivated. The provider and registered manager were always available to provide the support and guidance staff needed.

Staff knew the signs of abuse and were confident to raise any concerns they had with the registered manager and outside agencies. A process was in place to investigate and resolve any complaints or concerns received. 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.

People were supported to remain as healthy as possible and their medicines were managed safely. People were supported to plan and prepare balanced meals, of food they liked that met their needs and preferences. Where people required assistance, staff supported them to eat and drink safely.

Staff deployment was planned to ensure people received their care from a small team of staff who knew them well. Staff development was supported and encouraged. Staff had the skills they needed to provide safe and effective care and had been recruited safely. Staff were clear about their roles and responsibilities. The registered manager knew when they needed to inform CQC of significant events that had happened at the service, so we could check that appropriate action had been taken. Records in respect of each person

were accurate and held securely.

Rating at last inspection

This is the first time we have inspected the service .

Why we inspected

This was a planned inspection based on our policy for inspecting newly registered services.

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

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 safe.

Details are in our safe findings below.

Good ●

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 well-led.

Details are in our well-Led findings below.

Good ●

Papillon Home Care

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 Care Act 2014.

Inspection team

This inspection was completed by one inspector and an expert by experience in the care and support of older people. 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that people who wanted to speak to us were available during the inspection.

What we did before the inspection

We reviewed information we had received about the service since they were registered. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection. We sought feedback from the local authority and professionals who work with the service but did not receive any.

During the inspection

We spoke with six people who used the service and four relatives about their experience of the care provided. We spoke with seven members of staff including the provider, registered manager, care coordinators, care workers and the recruitment manager.

We reviewed a range of records. This included three people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures 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 time we have inspected the service and we have rated this key question 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 risk of harm and abuse and told us they felt safe with staff from Papillon Home Care. One person told us, "I feel safe when they are around".
- Staff knew about different types of abuse and were confident any concerns they reported to the registered manager and provider would be addressed.
- Staff had completed safeguarding training and there were policies in place for them to refer to. Staff knew how to whistle blow outside of the service if they needed to.
- People knew staff who called on them worked for Papillon Home Care because they wore a uniform and an identification badge. Staff returned their uniform and identification badge when they left the company.

Assessing risk, safety monitoring and management

- Risks to people had been assessed. Staff followed detailed guidance about how to mitigate risks.
- Guidance about how to move people using a hoist included how to attach the sling safely to the hoist. People were encouraged to plan the move with staff so they knew what would happen, including counting 1,2,3 before the move.
- Staff understood the risks of people developing pressure ulcers. They supported people to change their position during their visits to reduce the risk of people developing skin damage.
- People were protected from the risk of choking. People's drinks were prepared as their health care professional advised. For example, using drinks thickeners to make them safer to swallow.

Using medicines safely; Learning lessons when things go wrong

- People were supported them to take their medicines when they needed help. Staff followed detailed guidance about how to support people and kept accurate and complete records. One person told us, "They keep reminding me about the time to take the medications".
- Staff followed National Institute for Care Excellence guidelines and worked with people, their relatives and their pharmacist to support people to remain as independent as possible when taking their medicines.
- Staff followed guidance, including body maps, to apply pain relief patches and prescribed creams correctly.
- Staff had completed medicines training and their competence to administer medicines safely had been checked.
- The provider and registered manager had a process in place to review all accident and incidents and take action to reduce the risk of them happening again.
- The provider took effective action when medicines errors occurred. There had been two occasions when short term medicines had not been administered correctly. Staff had completed further training and new

systems had been put in operation to make sure staff knew about changes in people's medicines.

Preventing and controlling infection

- Staff had received training in food hygiene and infection control and had access to sufficient stocks of personal protective equipment such as gloves and aprons.
- Staff followed guidance about how to support people get washed, including people's preferences for different coloured flannels and towels for different areas of the body.
- Staff supported people to live in a clean home. This included supporting people to care for their pets.

Staffing and recruitment

- People received their care from a consistent team of staff and they always knew who would be visiting them. Staff deployment was planned so people received their care from a limited number of staff who they knew.
- Staff had enough time to support people in the way they preferred and when their needs changed. Staff stayed with people when they required additional support, such as if they were unwell. A person's relative told us, "They always have time for one more job, I just have to ask".
- Staff arrived on time because their route and travel time had been planned. One person told us, "Most times they are early, and if they are running late the office will call and let us know and how long they will be".
- Checks on staff's character and previous employment including the reasons for any gaps in employment had been obtained.
- Criminal record checks with the Disclosure and Barring Service (DBS) were completed. Systems were in place to assess and mitigate risks if prospective staff had a conviction or a caution.

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 time we have inspected the service and we have rated this key question 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

- The quality assurance manager met with people and their loved ones to discuss their needs and wishes before they began to use the service. They used this information to make sure staff had the skills to meet people's needs.
- Assessments were detailed and contained information about people's abilities, their care needs and preferences and how they communicated these to staff. People or their relatives had signed the assessments to confirm they were accurate. One person told us, "There is the copy of the assessment in my house and it is up to date, the office staff visit and call regularly to check it".
- People had been asked to share information about their lives, to help staff get to know them and understand what they liked. This included their family, pets, lifestyle choices, spiritual and cultural needs.

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

- People were supported and encouraged to eat and drink enough and to have a balanced diet. Staff supported one person to change their diet and plan and shop for healthy meals. Staff had noted the change in the person's diet had improved their health and wellbeing.
- Where staff prepared meals and drinks for people, they were prepared to meet people's needs and preferences. This included soft diets prepared as people's health professionals had recommended.

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

- Staff understood people's health conditions and supported them to remain comfortable and well. One person told us, "The staff call the doctor if I need".
- Staff quickly identified changes in people's health and supported them or their relatives to inform their GP or emergency services. Following training one staff member identified a person may have sepsis. They contacted the emergency services immediately and the person made a full recovery.
- When people requested, staff supported them to attend health care appointments. They supported people to tell their health care professional how they were feeling and to follow their advice when they returned home.
- When staff identified changes in people's health they had referred them to the relevant health care professionals, including speech and language therapists, occupational therapists and dieticians, with people's agreement.

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 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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty. We checked whether the service was working within the principles of the MCA.

- People were supported to make choices in ways they preferred. Staff described how they showed some people a limited number of items to help them understand the choices available. One person told us, "Before they do anything, they ask if that is ok. They always ask permission".
- People's ability to make day to day decisions had been assessed and guidance was available to staff about the support people required. Staff made sure important decisions people had made, such as not to be resuscitated, were shared with others.
- The registered manager and staff knew who was able to make decisions on people's behalf and how to make sure decisions were taken in people's best interests.

Staff support: induction, training, skills and experience

- Staff had the skills and experience they required to meet people's needs and were supported through ongoing training and mentoring.
- The provider was passionate about staff development. They had joined Skills for Care, a charity who support providers to develop their workforce to meet people's needs to a good standard and the Social Care Information and Learning services, an online learning resource. They used resources from these groups to further develop staffs' knowledge and skills.
- New staff completed an induction which reflected the Care Certificate, an identified set of standards that staff are expected to adhere to in their daily working life. They work alongside an experienced mentor to get to know people and the standards of care the provider required. A mentor told us they had supported a new staff member who had recently worked alone for the first time. They told us they were confident the staff member had learnt how to provide people's care because when they visited people afterwards everything was as it should be and the people were happy.
- Staff met with a supervisor regularly to discuss their practice and development and were able to speak to an experienced staff member at any time for additional support and guidance. An appraisal process was in place to review staff's achievements and agree development goals.

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 time we have inspected the service and we have rated this key question 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 told us staff were kind and caring. One person commented, "The staff are patient, kind and friendly. We all have good conversation and it makes the house so alive."
- People had opportunities to tell staff about their lifestyle choices, sexual orientation and gender identity and their choices were respected. One person's relative had complimented the staff on making sure the person was always supported to dress appropriately for trips out, including going to church.
- Staff referred to people by their preferred names and informed others of this, so they could do the same. Staff told us it was a privilege to spend time with people.
- There was a mutual respect between people and staff and staff went to extra mile to support people to continue to do what they enjoyed. One staff member took a week off work and took a person on holiday as they were no longer able to go with their friends and relatives. The staff member commented afterwards, "We had a wonderful time". Another person told us, "We chat and laugh together. They make my home come alive when they are around".

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

- People were asked about their preferences about the staff who supported them. One person was very involved in their local community and office staff arranged for them to receive care from staff they did not know socially at their request.
- Staff knew what may cause people to become anxious and gave them the reassurance they needed. One staff member told us how they looked after a person's pet, to reduce the person's anxiety and improve their wellbeing.
- Staff supported people to communicate their needs and preferences. One person became frustrated that they could not share their views following an illness. A staff member supported them to practice their pronunciation daily and the person's speech had significantly improved.
- People who needed support to share their views were supported by their friends, families, social workers or paid advocates. The registered manager knew people's advocates and advocacy organisations, and how to contact them when needed.

Respecting and promoting people's privacy, dignity and independence

- Privacy, dignity and respect were core principles which underpinned the care staff delivered. People's care plans reminded staff how to maintain these while supporting people. One person told us, "The staff are respectful, always knocking at the door and they wait for a response before they come in".
- Staff supported and encouraged people to be as independent as possible. They described to us how they supported people to do things for themselves, such as passing them a flannel, so they could wash. One

person told us, "I get supported to wash myself as much as I can".

- People had privacy and were treated with dignity. Staff described to us how they ensured people had privacy such as keeping doors and curtains closed and leaving people to complete tasks alone where this was safe.

Is the service responsive?

Our findings

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

This is the first rating inspection of this service. At this inspection this key question was 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 and their loved ones had planned their care with staff, including their preferences. One person's relative told us, "My relative has a care plan in place. The girls know what to do but they still ask to make sure they are ok and if that is what they want".
- People's care plans contained very detailed guidance for staff about how to provide people's care. This supported staff to provide consistent care and support in the way people preferred.
- People's care was flexible to their changing needs. One person's relative told us, "We were going out for a meal and they sent the carer early than the usual time to get my relative ready for us to go. I appreciate that a lot".
- The registered manager used an encrypted messaging service, as well as phone calls to inform staff about changes in people's needs. Staff kept detailed logs in the person's home so people, their loved ones and visiting professionals knew what had happened and about any changes in people's needs. Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.
- Staff made sure people understood the information they were given, such as their care plan and the complaints policy. Following our inspection, the provider began to write accessible documents which they shared with us. We will check these are effective at our next inspection.

End of life care and support

- Staff worked with people, their relatives and health care professions to make sure people were comfortable and not in pain at the end of their life. This included coordinating calls with community nurses so that the care staff can support with moving people and ensure they were not frequently disturbed.
- The provider's aim was to support people's relatives as well as the individual. This had been successful and relatives of people who had passed away kept in touch with staff. One person's relative had complimented staff saying, 'My relative received the most sensitive and tender care throughout, I am so very grateful they spent their last days with such sweet and lovely people'.
- The provider and some staff had completed recognised qualifications in caring for people at the end of their lives. Plans were in place to train all the staff who support people with complex or life limiting conditions.
- Staff knew what was important to people at the end of their life and worked with their loved ones and hospice staff to meet people's cultural and spiritual needs. Guidance was available to staff about people's wishes and preferences and staff knew how to meet people's cultural and spiritual needs, such as making

sure people had last rights.

Improving care quality in response to complaints or concerns

- People were confident that any concerns they raised would be resolved. One person told us, "If I have any concerns I will talk to the carers first. If there is the need, then I will call the office."
- Complaints received had been investigated and respond to people's satisfaction. They had been used to improve the service and had not reoccurred.
- The registered manager told us minor concerns and 'niggles' were, "Dealt with it there and then, so they don't escalate".

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 time we have inspected the service and we have rated this key question 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; 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 was experienced and knew people and staff well. They were supported by the provider and a team of senior staff. One person told us, "The staff at the office are very nice. They are always ready to help when I call".
- The provider and registered manager had a clear vision of the service which included working in partnership with people to plan their care and ensuring people have autonomy, respect, privacy and dignity. Staff shared this vision and worked as a team to achieve it.
- We had been notified of significant events, such as injuries and safeguarding concerns and the action taken to prevent similar situations occurring again.
- When things went wrong the provider apologised and informed people of the action they had taken to prevent a similar incident occurring again.
- There was a culture of openness within the staff team. Staff took a pride in their work and were confident to challenge and be challenged by each other. They saw this as a way to make improvements to their practice and get things right.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff were clear about their roles and responsibilities and were reminded of these at regular staff and supervision meetings. Staff told us the provider, registered manager and senior staff were approachable and supportive and always took time to give them the support and guidance they needed. One person's relative told us, "They are always ready on the end of the line to help, I would recommend them to any one".
- Staff were motivated and felt appreciated by the management team.
- The management team treated staff fairly and did not discriminate between staff. New employees shared equalities information, and this was analysed to check that no group was discriminated against.
- The provider and registered manager knew they were required to conspicuously display the CQC quality rating, when it was assessed, at the service and on their website, so people, visitors and those seeking information about the service were informed of our judgments.

Continuous learning and improving care

- The provider and registered manager had oversight of the service and completed regular checks to make sure the service was operating to the standard they required.

- Senior staff completed regular unannounced spot checks in people's homes to make sure staff were providing people's care safely and as people preferred.
- Staff received feedback on their practice following the spot checks. Any concerns were addressed, and plans were put in place to develop and improve staff's practice.
- Records completed by care staff, including medication administration and care delivery records were checked monthly to ensure they were fully completed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider had plans in place to ask people, their loved ones, staff and professionals for anonymous feedback on the service each year, beginning shortly after our inspection. Following our inspection the provider amended the questionnaire to an easy read format to support everyone to share their views.
- People were encouraged to share their views with the senior staff during spot checks in their homes and regular telephone checks.
- Staff were asked for their views during supervision and staff meetings and told us they were confident to make suggestions and comments at any time and that these were acted on. Such as supporting people to be more in control of their diets.

Working in partnership with others

- The registered manager had worked with Kent Police to offer new police officers the opportunity to meet some of the people they cared for with a view to increasing their awareness of vulnerable people in the community. One police officer had commented, 'I gained a better understanding of what people go through' and 'I gained experience communicating with people with dementia, mental health needs and various disabilities'.
- Contingency plans were in place to ensure people received care during bad weather'. These included working with local authority and health staff.
- The provider was a member of the Kent Integrated Care Alliance, a local support enterprise for providers. One staff member had been nominated for an award in their Kent Care Awards 2019.
- The registered manager was an active member of the registered managers network, a group of managers of similar services who share ideas and good practice.