

Penhellis Community Care Limited

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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

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community in all areas west of Truro. The packages of care provided range from short visits at key times of the day to 24-hour care dependant on the person's care needs. At the time of the inspection the service was supporting approximately 250 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

People using the service consistently told us they felt safe and that staff were caring and respectful. Their comments included, "I feel safe because the staff are so competent at what they do", "[The staff] are absolutely lovely, they spoil me" and "I feel respected, I just feel it." Relative were also complementary of the service and the quality of support it provided.

The service's rotas were well organised and there were enough staff available to provide all planned care visit. A mobile phone call monitoring application was used to ensure all visits were provided and to share information securely with staff. No one reported having experienced a missed care visit and staff told us, "I have never known of any missed visits".

Risks had been assessed and staff were provided with guidance on how to manage and mitigate risks while providing support. The service had appropriate procedures in place during periods of adverse weather and operated a lease car scheme to reduce the risk of visits being missed due to vehicle breakdowns.

All necessary recruitments checks had been completed and people were safely supported to take their medicines as prescribed.

People told us, "All the carers that come here are trained and know what they doing" and records showed staff had the skills necessary to meet people's needs. Training was regularly updated, and staff were well supported by their managers.

People enjoyed the company of their staff who they described as, "lovely", "Jolly" and "Wonderful". Rotas showed people received support from small teams of staff who visited regularly. Staff told us, "I see the same people every week" and "I like my job and I like looking after people". Staff were keen to support people to remain living in their own homes and people told us their care was never rushed.

People were able to make choices and staff respected their decisions.

People and their relatives were involved in the development and review of care plans and told us these documents were accurate and up to date. They included clear guidance on the support required during each visit and staff told us, "There is enough information in the care plans".

People were supported to access healthcare services, staff recognised changes in people's health, and sought professional advice appropriately.

Staff were well motivated and there was a positive open culture within the service. People's feedback was valued, and records showed action had been taken to address and resolve any issues reported to managers. Staff said, "They listen, everything we report gets addressed" and "I love working for them, it is probably the best job I have ever had".

The service was well led. Management roles were clearly defined and there were effective quality assurance processes in place. People were complimentary of the service and relatives told us, "I don't think they can improve on anything". Staff said, "It is brilliant here, everything just runs along nice and smoothly."

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

Rating at last inspection

The last rating for this service good (published 20 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 ●

Penhellis Community Care Limited

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

One inspector and two Expert by Experiences. 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.

Notice of inspection

We gave the service 24 hours' notice of the inspection in accordance with our current methodology for the inspection of this type of service. This enabled the service to seek people's consent to talk with our experts by experience by telephone. Inspection activity started on 18 October 2019 and ended on 23 October 2019. We visited the office location on 18 October 2019.

What we did before inspection

We reviewed information we had received about the service since the last inspection. 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. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with 15 people who used the service and four relatives by phone about their experience of the care provided. We also spoke with six members of staff and both of the service's registered managers.

We reviewed a range of records. This included seven people's care and medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies, procedures and the service's rotas and call monitoring data were also reviewed.

After the inspection

We spoke with a further 11 members of care staff and requested feedback on the service's performance from two health and social care professionals.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 abuse by staff who knew how to recognise and report any concerns. People felt safe with their support staff and told us, "I feel safe because the staff are so competent at what they do."
- Staff were confident the people they supported were safe and their comments included, "People are very safe", "Oh yes, people are being looked after" and "I have the safeguarding number on my phone." Records showed safety concerns reported by staff had been appropriately addressed. Where necessary safeguarding alerts had been made to the local authority to ensure people's safety.
- No one we spoke with reported any recent missed visits and people told us, "I've never been missed", "No one's ever let us down" and "They have never not come."
- Staff reported details of their arrival and departure times to each care visit via the providers mobile phone application. This data was monitored by office and on-call staff to ensure all planned visits were completed. Staff told us, "I have never known of any missed visits", "No missed visits and nobody has ever said to me, 'I did not get a call'" and "We don't really have any missed visits. None in my area. The app means you can't really miss visits as when you log out of one visit the next one pops up."
- The provider operated a lease car scheme as they recognised the unreliability of staff vehicles could lead to missed care visits. On the day of our inspection 40 lease cars were in use additional cars were available for immediate use in the event of breakdowns.

Assessing risk, safety monitoring and management

- Risks to people were assessed and monitored effectively. Staff were provided with appropriate guidance on how to manage and mitigate identified risks.
- Where significant risks to people's health were identified staff worked collaboratively with people and professionals to prevent their conditions deteriorating. Where necessary additional unplanned visits had been provided to ensure people safety and staff described occasions when they had provided additional visits in the early hours of the morning in response incidents that had occurred overnight.
- Staff ensured people were safe and comfortable before leaving the house at the end of each care visit.
- The service had systems in place for the prioritisation of care visits, based on people's support needs, for used during periods of adverse weather and other significant disruption.

Staffing and recruitment

- The service employed enough staff to provide all planned care visits.
- Rotas for each area team were well organised and staff were provided appropriate amounts of travel time between consecutive care visits. Staff told us, "There is travel time on the rota and they try to give you more

in the summer when the roads are busy", "The rota is brilliant, there is plenty of travel time" and "Travel time is generally ok if there are any issues they would fix it."

- Daily care record and call monitoring data showed staff normally arrived on time to care visit and most people told us their staff arrived on time.
- When staff were running late people received phone calls to let them know what was happening and give an update on when their staff were due to arrive. People told us, "If [staff are] running late someone will phone" and "They always ring up to let me know if they are going to be late, so at least I know someone will be here."
- All necessary recruitment checks had been completed to help ensure new staff were safe to work with vulnerable adults.
- Staff disciplinary processes had been used appropriately to address poor performance and drive

Using medicines safely

- People received support with their medicines safely from trained staff. People told us, "I always get my medication on time." Relatives were also happy with the support provided and told us, "The carers do my relatives medication and I am happy that this gets done correctly."
- People's care plans included information about the support they required with their medicines and it was clear the service encouraged people wherever possible to manage their own medicines. Where support was necessary daily care records detailed what support staff had provided with medicines each day.
- The services electronic care planning and recording system enabled short term change to people medicine to be highlighted to staff at the beginning of each visits. This system was used effectively to ensure staff were aware of changes to people medications.
- The service was trialling the use of electronic medicines administration records (MAR) in one area at the time of our inspection. If successful, this system will be extended to all areas as it allowed office staff to audit MAR information in real time and ensure people had received their prescribed medicines.

Preventing and controlling infection

- People were protected from the spread of infection by staff who had received appropriate training.
- People and relatives confirmed staff followed good infection control practice and personal protective equipment was readily available to staff from the service's office.

Learning lessons when things go wrong

- All incidents and accidents had been documented and investigated by the registered manager. Any areas of learning identified were shared appropriately with staff to improve safety.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 service aimed to assess people's needs before the first care visit. However, this was not always possible due to commissioning practices. There were robust systems in place to enable assessments to be completed during the first care visit. Where this was necessary initial care visits were provided by experienced members of staff. Who completed risk assessments and developed a draft care plan based on information from commissioners, the person and relatives.
- People valued the speed at which this process enabled the service to respond to new request for support. One person who had recently begun receiving support told us, "When I phoned up they came in straight in, great".
- Draft care plans were then shared with managers, checked with commissioners and reviewed in light of staff experiences during visits. Managers told us these arrangements worked well and their comments included, "A temporary care plan is developed during the first visit based on information from social services. The full care plan is done within three to five days."

Staff support: induction, training, skills and experience

- People and relatives spoke positively about the staff and told us they had the skills necessary to meet their needs. Comments received included, "All the carers that come here are trained and know what they doing", "They seem to know their job" and "They give me the confidence that they have [the necessary skills]. They get on with the job and do it right."
- All new staff received completed formal, face to face training in line with nationally recognised standards and a period of shadowing before they were permitted to provide care independently. Staff told us this training was informative and useful. Recently appointed members of staff comments included, "I did ten days training when I started, all face to face", "I felt confident to do it on my own. It is pretty good training" and "I did nearly two weeks training in the office."
- There were also systems in place to monitor staff performance during their initial independent visits and one staff member told us, "I did three weeks shadowing and then I was on my own. They were ringing clients to check I was doing the job right."
- The importance of training for established staff was recognised. Training updates were provided regularly, and staff were encouraged to develop their skills and supported to complete diploma level qualifications. Staff told us, "You can get as much training as you want. Everything I need is up to date", "They always have different courses on the go if you want more" and "The training was just done properly, it is what every carer should have."
- Staff told us they felt well supported and records showed they had received regular supervision and annual performance appraisals.

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

- People's care plans gave clear information about the support they required with meals, snacks and drinks. These included any specific dietary needs or preferences. People told us, "[The staff] always make sure I have a hot meal, and everything is clean and tidy."
- Staff told us they always offered choices in relation to meals and ensured people had access to snacks and drinks at the end of each visit.

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

- If needed staff supported people to access their GP, community nurses, and attend other health appointments. People told us the service had responded appropriately when they were feeling unwell and had arranged appointments for them.
- The service worked with other agencies to help ensure people's needs were met. When staff recognised changes in people's health or wellbeing this was reported to managers using the mobile phone application. Records showed appropriate and timely referrals had been made to health professionals for assistance.
- People were supported by staff to maintain good oral hygiene. Care plans included guidance on how to support people to manage their oral hygiene and records showed people were encouraged and supported to access dental services when necessary.

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.

- Managers have a good understanding of the MCA and where necessary the service had ensured decisions were made in people's best interests. Information on the proposed changes to the current legislation was available to staff on noticeboards in the service's offices.
- All staff received training in the MCA and described to inspectors how they supported and empowered people to make decisions during care visits.
- People were able to decline planned care but there were appropriate procedures in place to encourage people to accept support where self-neglect was an area of concern.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 felt valued and were consistently complimentary of their care staff. They told us, "[The staff] are absolutely lovely, they spoil me", "They are so good and so kind", "They are wonderful, they do anything I need" and "I wouldn't be without them".
- Staff spoke about people with affection and were passionate about their role. Staff told us, "I like my job and I like looking after people", "it's a wonderful job, I am really enjoying it" and "The best bit is dealing with people out in the community. We help people stay at home as long as we can."
- People knew their staff well and enjoyed their upbeat approach. People's comments included, "Everybody is so jolly", "The carers always appear cheerful and chatty" and "[The staff] cheer me up, I have 100% trust in them."
- Rotas showed people were normally supported by small groups of staff and people told us new carers were always introduced by someone they knew. Staff told us, "I tend to see the same people" and "I see the same people every week."
- Some people lived with a relative who was their main carer. Staff understood that supporting the family carer was important in helping people to remain living at home. People and relatives told us staff provided additional emotional support when needed and said, "They are there when you are feeling down", "They always notice if I'm feeling a bit off" and "They showed me respect when I talked listening to me, giving me the time to talk about things".
- People's diverse needs were recognised and understood by staff. No-one reported experiencing any discrimination and people told us, "They pick the carers well". Where people had expressed preferences in relation to the gender of their staff these preferences were respected.

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

- People were involved in making decisions about their care provided and staff respected their decisions. People told us, "They do their job well and I know because I used to work in health. They take on board what I say they don't just brush it away", "My care plan has my needs on it and what it says gets done but the carers are very good, if I ask them they will do what I ask them" and "I am very pleased with all that the girls do. They try to please, and get everything done in the time they have." Staff said, "People usually choose what they want done."
- Staff had a good understanding of what was important to people and ensured where ever possible people's routines and preferences were respected.

Respecting and promoting people's privacy, dignity and independence

- People were supported in a dignified and respectful manner and told us, "I feel respected, I just feel it", "I just feel that they do [respect me]" and "It's the way that they speak to me and the things they do, the little things. They don't have to do those little things but they do".
- Relatives told us staff were interested in people as individuals. They told us, "They always speak kindly to my relative, showing interest", "The way that [the staff] speak to my partner, spending time to ask how they are, I like that" and "They sit and listen to music of my relative's choice, and they talk with them. Ask about their likes and dislikes."
- Staff supported people to maintain their independence. Care plans included details of the level of support people normally required with personal care tasks. Records showed people were encouraged to do as much for themselves as possible.
- People told us their staff did not rush and provided care at their pace. They said, "I don't feel rushed by the carers", "I never feel rushed, they always have time to put me in my comfortable chair and stop for a cuppa tea" and "I am not [rushed], they wait for me, they don't rush me, they tell me take your time."
- Staff ensured people's privacy was protected and personal information was kept securely in the registered office. Where information was shared with staff electronically this was done securely.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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's care plans were accurate and informative. They included specific guidance for staff on the tasks to be completed during each visit. In addition, staff were provided with details of people's routines, interests and hobbies and an overall objective for the planned support. This information helped staff provide individualised care and ensured people's priorities were respected.
- People and their relatives were involved in the development and review of their care plans and told us these documents were up to date. Their comments included, "I do [have a care plan] and I know what it says and am happy with it", "[The care plan] gets changed when needed, I help make those changes" and "I have a care plan here and what is in it gets done."
- Staff told us people's care plans were accurate and sufficiently detailed. Their comments included, "The care plans are all good", "There is enough information in the care plans", "The care plans are quite good really. Up to date and they are quite detailed" and "I think they are good, they are very clear."
- Staff completed hand written daily records at the end of each care visit. These records were informative and included details of the support provided, any changes in people's needs alongside a record of staff arrival and departure times. Where staff had significant concerns in relation to a change in a person's needs they were able to report this information directly to their managers using the provider's mobile phone app.
- The provider was trialling the introduction of electronic medicines records and daily care records in one area via the mobile phone app at the time of our inspection. The system enabled managers to review care visits records immediately after a visit was completed. However, the provider recognised the lack of written records in the person's home could become challenging for visiting professionals and was working collaboratively to develop appropriate systems to enable access to digital records where necessary.

Meeting people's communication 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.

- Care plans contained information about the support people might need to access and understand information. This included details of any visual problems or hearing loss. Where people used adaptive technologies to aid their communication, this was detailed within their care plan.
- Staff knew how to communicate effectively with people in accordance with their preferences and needs.

Improving care quality in response to complaints or concerns

- The service had robust systems and procedures in place to ensure all complaints received were investigated and addressed. People were provided with information on how to make complaints during their initial care visits and written guidance on how to make a complaint was included in each person care plan.
- People and their relatives knew how to make complaints and most people reported this had not been necessary. Those who had raised issues all reported their complaints had been successfully resolved. Comments received included, "I know how to contact the office but haven't had to", "I've made a few small complaints and the response has been fine", "Once I rang up and said my visits are too late and it got sorted. Another time I wanted to stop a certain carer coming in and that got sorted straight away" and "Every time I have complained it's been sorted to my satisfaction." Staff told us, "Clients seem happy, we don't get masses of complaints."
- The service regularly received compliments from people and their families for the quality of support and care provided. Recently received compliments included, "We want to thank you for all your hard work of that and of your team, we would like to say that we all think that you are doing an amazing job" and "The carers are wonderful, they do an amazing job."

End of life care and support

- The service sometimes supported people at the end of their lives. People's care plans included details of any specific wishes people had expressed in relation to this stage of their lives and staff respected these choices.
- The service worked collaboratively with health professionals to ensure people were comfortable at the end of their lives.

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.

At the last inspection this key question was rated as Requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service was led by two registered manager each of whom had clearly defined and well understood areas of responsibility.
- Each of the three area teams had a dedicated, full time, office based, area manager responsible for rota planning and staff management. Area managers were supported by team leaders and senior carers who were community based and responsible for developing and updating care plans, completing spot checks and providing on call support outside of office hours.
- Staff were well motivated and supported by their managers. Staff comments included, "The managers are really good", "They listen, everything we report gets addressed" and "The managers are wonderful, very supportive." One staff member summarised the effectiveness of the service's leadership and told us, "It is brilliant here, everything just runs along nice and smoothly."
- People were complimentary of the service performance and told us, "I wouldn't want to change them", "I wouldn't be without them, they are wonderful" and relatives told us, "They go that extra mile."
- The service used technology effectively to improve performance and minimise the risk. The mobile phone application and system of alerts to managers ensured visits were not missed and people were updated if their support staff were delayed.
- The service had appropriate quality assurance and auditing systems in place These systems drove improvement in performance and ensured any issues were investigated and addressed. All issues raised at our previous inspection had been resolved.
- The provider notified CQC of any incidents in line with the regulations. Ratings from the previous inspection were displayed as required.

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

- There was a positive, supportive and caring culture and staff told us, "I love working for them and would not go anywhere else", "I think it is a good place to work" and "I love working for them, it is probably the best job I have ever had".
- Area managers had confidence in and were proud of the commitment of their staff. Manager told us, "I am quite proud of the team they go above and beyond for our clients" and "It is generally running well at the moment". They described examples where staff had completed a variety of additional tasks to support people's independence and well-being.
- People appreciated the service's flexibility and told us, "I've just got to ask and they'll do it for me" and

"The little things they do, like notes on the door for parcel delivery. Those little extra things mean a lot to me".

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 service's managers had a good understanding of the duty of candour and openly shared information with people and their relatives when things went wrong.
- Managers and staff treated the inspection process as an opportunity to review and improve performance and were open, honest and receptive to feedback.

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

- Area staff meetings were held regularly and provided opportunities for staff to discuss any changes within the organisation, working practices and to raise any suggestions. Staff felt listened to and that managers took appropriate action in response to any concerns they reported.
- People felt involved in the development of their care plans and that managers listened to and acted upon any issues they raised.
- Managers and staff had a good understanding of equality issues and valued and respected people's diversity. Staff requests for reasonable adjustments or flexible working arrangements had been looked on favourably by managers.

Continuous learning and improving care

- People were regularly asked for feedback on the service performance via regular surveys and during care plans reviews. Records showed people feedback was generally complimentary with recently received comments including, "The carers are all good" and "[Staff] always stay as long as needed, often stay longer".
- People told us the service listened to their feedback and records showed where any minor concerns or niggles had been reported these had been investigated and where possible changes made to improve people's experiences of support.
- The service actively participated in a number of local initiatives designed to highlight and celebrate carers and the care sector. They had recently sponsored a local care award, had developed an apprentice scheme and were supporting staff to gain additional training and degree level qualifications.

Working in partnership with others

- Staff worked collaboratively with professionals and family carers to enable people to live safely at home.