

Penna Homecare Limited

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Inspection report

Willow House
Slad Road
Stroud
Gloucestershire
GL5 1QJ

Tel: 01453756227

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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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Penna Homecare Limited is a domiciliary care service that provides personal care and support to people living in their own homes. Penna provides care and support to people in their own homes in and around Stroud, Stonehouse and Dursley in Gloucestershire. The service supported 28 people at the time of the inspection.

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 and their relatives spoke extremely positive about the caring nature of staff and management. People received care which was tailored to their individual needs and preferences. People and their relatives praised the responsiveness of staff, their knowledge and the little things they did. The service worked with other organisations and the local community to reduce social isolation.

People told us they were supported by staff who were kind and compassionate. They told us they felt safe when staff visited and were confident that any concerns would be dealt with promptly. People told us staff were not rushed, that they were mostly on time and stayed for the expected amount of time. 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;

Staff told us they had received appropriate training which supported them to carry out their role. Staff received the support, training and encouragement they required to develop professionally. Staff told us the management were approachable and responsive to their requests. The registered manager, provider and staff were passionate about the care they delivered and were driven to improve the service and the wellbeing of people in the local community. They communicated and engaged with others such as family members to improve the lives for people.

The registered manager acted on incidents or concerns to ensure people received care which was safe and responsive to their needs. Staff were trained in safeguarding people and protecting them from harm. Any concerns or accidents were reported and acted on.

The registered manager and provider monitored the delivery of care through staff observations and feedback from people. Effective quality assurance systems had been established to monitor the quality of the service being delivered. The service worked with healthcare professionals to ensure people's needs were maintained and they received safe and effective care in their own homes.

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 was Good (published 24 February 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 very caring.

Details are in our caring findings below.

Outstanding ☆

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 ●

Penna Homecare 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

This inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses 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 it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 13 September 2019 and ended on 23 September 2019. We visited the office location at both the start and end of the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We had not requested a provider information return prior to this inspection. 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.

During the inspection

We spoke with six people and five people's relatives. We spoke with the provider, registered manager, a service co-ordinator and four care staff members and reviewed a range of records. This included seven people's care and medication records. We looked at three 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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 as Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe when they were being supported. Comments included: "Very happy with Penna, I have no concerns" and "I feel safe with staff." Relatives told us they had peace of mind when their loved ones were being supported. One relative told us, "They provide me with comfort, I have trust they are providing good care."
- Staff received training on safeguarding adults and were knowledgeable about the procedures to follow if concerns arose.
- Staff knew what action to take if they suspected abuse or poor practice. Staff said they knew how to raise concerns about poor care. Staff were confident to 'whistle blow' and knew which outside agencies to involve if needed. The provider and registered manager appropriately reported and worked alongside safeguarding.

Assessing risk, safety monitoring and management

- Risk assessments were in place for people. When risks were identified, care plans provided guidance for staff on how to reduce the risk of harm to people. There were guidelines for staff on how to support people who required assistance with moving and handling. Where people were at risk of pressure sores there was clear guidance for staff to follow. One person's relative told us, "The skin care is perfect, if they spot redness they're on it straight away."
- Each person had risk assessments which reflected their individual needs and preferences. For example, one person had a risk assessment based on their preference to smoke. The person had been involved in discussing possible risks, including the risk of fire and safe working with staff. Clear guidance was in place aimed to protect the person and staff.
- Environmental risk assessments of people's homes had been completed to ensure the safety of people receiving care and the staff who supported them.

Using medicines safely

- Staff were trained to handle medicines in a safe way. The registered manager and provider completed a competency assessment of staff to evidence they had maintained their knowledge and skills.
- Medicines were administered and disposed of safely. Medication administration records (MAR) were accurately completed and showed people received their medicines as prescribed. Where people had special requirements on how their medicines were administered, this had clearly been recorded.
- The people and relatives we spoke with confirmed they received appropriate support from staff with their medicines and they received their medicines as prescribed.

Staffing and recruitment

- There were enough staff deployed to ensure people received the care they required to maintain their needs. People and their relatives told us they received their care calls as agreed and they did not have concerns around staffing levels. Where staff were running late, people told us they were informed. One relative said, "If they're slightly late they do let us know." Staff told us they had enough time to carry out their role and did not feel rushed.
- People were supported by a consistent team of staff that knew their needs well. People and relatives confirmed this. Comments included: "The good thing is you get to know the staff, we're always introduced to new staff before they provide care"; "We only have two staff attend, it's been first class" and "The consistency of staff has helped build good relationships, [relative] genuinely likes seeing them."
- People were protected against the employment of unsuitable staff because robust recruitment procedures were followed. Checks had been made on relevant previous employment as well as identity and health checks. Disclosure and barring service (DBS) checks had also been carried out. DBS checks are a way that a provider can make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

Preventing and controlling infection

- People and their relatives told us that staff maintained a high standard of hygiene while supporting people with their personal care and toileting needs. Staff confirmed that they had access to personal protective clothing such as disposable gloves and aprons.
- Staff were knowledgeable in infection control practices and had received infection control awareness training. The infection control practices of staff were assessed as part of the registered manager and provider's observations of staff.

Learning lessons when things go wrong

- Systems were in place for staff to report and record any accidents, incidents and near misses. The provider used these as opportunities to learn and support staff, including reviewing staff training and the arrangements of people's care. Where staff made a recording mistake or a medicine error, they were asked to complete reflective learning to identify how the mistake was made and improvements they and the provider could make to the service.

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 as 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 registered manager, provider or care co-ordinator assessed people's needs before they started receiving support from the service to ensure they could meet their needs. People and their representatives were involved in the assessment and at the centre of decisions about their support needs. A copy of people's care plan was kept in the persons home and a duplicate copy kept in the office.
- The service used nationally recognised assessments as part of their care planning system, which promoted effective care and support for people.

Staff support: induction, training, skills and experience

- Staff had the training, skills and support they needed to meet people's needs. People and their relatives told us they were confident that they were supported by staff. Comments included: "They are a superb care team, the best in the area, they are skilled, trained really well and in-depth" and "The staff are really well trained, the service keep their staff well."
- Staff confirmed they felt skilled and trained to deliver personal care to people in their own homes. Staff also told us they were supported to develop professionally. One member of staff told us, "This is the best company I've worked for, we have loads of support and an insane amount of training, they are hot on that. I am doing my NVQ 3 (a qualification in health and social care)." Staff had access to a training programme which reflected the needs of people they supported.
- New staff were required to undertake an induction period which included shadowing experienced colleagues and familiarise themselves with the service's policies and people's needs. New staff were also required to complete mandatory training and undertake the care certificate which is a set of national standards that health and social care workers adhere to in their daily working life.
- Staff told us the registered manager and provider had an 'open door' policy in supporting staff. The provider and registered manager told us they were in frequent contact with staff either by telephone or in person. Staff told us they received regular one to one meetings to discuss work related issues and their own personal development needs.

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

- Some people received support with their food and drink as part of their care package. One person had been assessed at risk of dehydration. Staff were to frequently provide drinks to help maintain the person's health and wellbeing. The person's preferences regarding food and drink had been clearly recorded.
- People were supported with choices around their food and drink where possible. One person told us, "They know what I like and what's in the cupboards, however they always offer me choice." Where people had specific dietary needs because of religion or culture, the staff were aware of these and were able to

explain how they would support these people.

- Staff monitored the food and fluid intake of those people who were at risk of malnutrition.

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

- Staff worked closely with relatives and where relevant, other agencies to monitor people's wellbeing. The service worked as part of multi-disciplinary teams where required to ensure people's support was being provided effectively.
- Relatives confirmed that staff contacted them if they had observed changes in people's health and provided them with good advice and guidance. One relative told us "They always provide good guidance and advice, they know what they're talking about." Another relative said, "they work well with others, make sure the support is right."

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. 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

- People were supported by staff to make day to day decisions about their care in accordance with the principles of the Mental Capacity Act (MCA). People told us staff promoted their choice. Comments included: "They do what I ask, they promote my choice" and "without a doubt they respect my choices."
- Staff had a good understanding of the Mental Capacity Act and understood the importance of supporting people with a choice and respecting their choices, even if the decisions people were making were unwise. Comments included: "We always provide choice, even if they've got a firm routine, sometimes they may want a change" and "People can make their own choices, sometimes they need advice, like when it's a bit warm, however if they are adamant then it's their choice."
- The provider and registered manager ensured that where people lacked the capacity to make a specific decision, decisions were made in their best interest. One person had been supported with covert medicines, the service had worked with healthcare professionals to ensure this support was provided legally and in the person's best interest.

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 improved to Outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by staff who were caring and compassionate. Comments included: "They (staff) are really good, everyone is nice and I trust them with my life"; "They are absolutely wonderful" and "I am very lucky to have them." Relatives also praised the staff and told us the staff were kind and caring. One relative told us, "There is nothing we would change, they are caring and we're very lucky to have found them."
- People and their relatives felt valued and cared for, by staff who routinely went above and beyond. Comments included: "They were a consistent force. I've worked in adult social care for 25 years, I couldn't have asked for more, I had nothing to worry about. They engaged with mum, it was fantastic, the level of skill they had. They made it easier, I don't hesitate to say they were outstanding"; "They were so supportive of me, they could see the days I was flagging, the emotional impact [relatives] deterioration had on me. The girls did more all the time. They gave me practical tips to cope on my own" and "Everything they do goes above and beyond. Because I have the same staff, they know me, it's more than just the care." One relative explained the positive impact staff had on their and their relative's life and wellbeing. They said, "They go above and beyond for us all the time. One member of staff brought me [clothing], which I paid for as I was struggling to get out and buy them. They do the little things, like posting a letter. Sometimes they bring flowers, it's a very personal service. Some members of staff, if they pass the fish and chip shop on the way to us will get them for us, it's these little things that really helps, makes us feel really valued and cared for."
- Staff were open to supporting people of all faiths and beliefs, and there was no indication people protected under the characteristics of the Equality Act would be discriminated against. The Equality Act is legislation that protects people from discrimination, for example on the grounds of disability, sexual orientation, race or gender. People's care plans reflected their protected characteristics and provided staff clear guidance.

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

- People were supported and empowered to express their views. Staff were supporting one person to promote their independence and their wellbeing following a traumatic event. This included supporting the person to prepare to access the community, by providing opportunities. They also were supporting the person to look into some work they could do in line with the person's interests. This person told us, "They (staff) listen to me and take my individual circumstances into account. The most important thing, as I've lost a lot of control, is not to lose my voice. Penna understand that, I feel empowered by Penna."
- People and their relatives confirmed that they were fully involved in decisions about their care and daily support. One person had been supported to write parts of their care plan, providing staff with a clear

understanding of their life, background and preferences. The person told us, "They've encouraged me to write it down. With a very low turnover of staff at Penna I know I don't have to keep explain my problems, my needs and wishes."

- People's relatives were involved in managing their loved one's care. This included discussing expectations of the service Penna provided. One relative told us, "They are fantastic and personally interested, I never have to worry, I never feel I am alone."

Respecting and promoting people's privacy, dignity and independence

- People's independence and wellbeing were promoted by Penna. The provider had worked with the local community to put on a tea dance, as they had identified a number of people who were socially isolated in the community. The service did extensive research into social isolation and invited organisations along to which people, whether being cared for by Penna or not, could be signposted to help reduce the risk of social isolation and improve their wellbeing. The service carried out a raffle, with the proceeds going to the church which hosted the tea dance, to fund further events for people in the community. The provider told us approximately 100 people attended the event. People we spoke told us about the tea dance and how it made them feel part of the community.

- People's dignity was upheld during difficult situations. One relative told us, "[relative] had collapsed on the stairs, we were waiting for the paramedics. [care staff] took control of the situation and looked after [relative] with such dignity. [Care staff] went into their own time and waited with us for the paramedics, they talked things through with the paramedics. [Care staff] protected [relative's] dignity and looked after us both, this gave me such confidence in them."

- People were encouraged to retain and promote their independence. People were supported to carry out some of their own personal hygiene and maintain their mobility. Care staff told us how it was important to encourage people to do as much as they could for themselves as possible. One member of staff told us, "As an organisation, Penna give people more time, which means we can spend more time encouraging people. One person I've cared for through three different providers. When I last cared for the person they were cared for in bed. When I visited them with Penna, they were walking around." One person told us, "They are encouraging me to be more independent, they don't push me it's all tailored to me."

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 as 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 from a consistent staff team who knew them well, including their individual needs, risks and preferences. The management and staff discussed people's preferences and needs confidently, including those who couldn't have male care staff and those who had conditions, such as being sensitive to smell and sound. Clear guidance was provided to support staff to adapt to people's needs.
- An assessment of people's needs was carried out before a service was provided to them. Where relevant, the service worked in partnership with people's relatives and representative. People's care, needs and support were reflective of people's needs, risks and changes in their wellbeing were monitored by staff and the management, to ensure the support they received was reflective of their needs and preferences. Staff had worked with other organisations and healthcare professionals to ensure adaptations were made for one person whose needs had changed to protect them from unnecessary risks.
- Penna management and staff ensured changes were made to reflect people's needs. Staff told us about one person who lived in a sheltered housing scheme. They identified that the person was struggling to let staff into the housing block, as there was no system to do so, which led to the person having falls. A member of staff liaised with the local council who ran the scheme, to enable them to get access to the building the person's accommodation to take pressure off the person. Penna agreed to fund some changes to ensure the person was protected from unnecessary risk.

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.

- People's communication needs were assessed and recorded. For example, the way staff needed to communicate with people and the support they required. One person was softly spoken, and staff were informed to give the person time to communicate their views.
- Where required, the service supported people with information and leaflets aimed at supporting their communication with the local community. For example, Halloween leaflets were provided to people who did not wish to be disturbed.

Improving care quality in response to complaints or concerns

- The provider and registered manager valued people's feedback and used it as an opportunity to improve the service. People and their relatives were aware of how to raise a concern or complaint and had all been provided a copy of the provider's complaints process. One person told us, "I've never had to raise a concern,

however I know they would listen if I needed to."

- The registered manager and provider kept a record of complaints, concerns and compliments. Where complaints had been received these had been acknowledged and responded to in accordance with the providers procedures. Where actions had been taken, these had been clearly recorded.

End of life care and support

- People received effective end of life care which was tailored to their needs. People, their representatives and healthcare professionals. One person's healthcare had deteriorated prior to our inspection, staff were working as part of a multi disciplinary approach to ensure the person was kept safe and comfortable at the end of their life.
- Two people's relatives told us about the support they and their loved ones had received at the end of their life from Penna. Comments included: "End of life is a very difficult situation. They were amazing. It was very personal from beginning to end. I was very impressed with the way they assessed and how the managers saw the situation, they picked the staff that would manage it best" and "They were good, they listened, absolutely comfortable. I've recommended them to other people."

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 Good. At this inspection this key question has remained 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

- People praised Penna, the leadership of the organisation and the staff they employed. Comments included: "We don't have to bother the managers too much, because it's all run so well. Penna is well managed, I'd recommend them to anyone"; "The good thing with Penna is they know us, we get to know the staff, they are always looking to help and support our wellbeing" and "They were brilliant, they were a consistent force." The staff we spoke with felt supported by the registered manager and felt able to raise issues.
- The provider and the registered manager had a clear vision for their service, which promoted person centre care, which empowered people. The provider told us, "If we can't give our best care, we shouldn't be doing it." Staff understood the approach of the provider and registered manager and felt included in developing the service and promoting their shared goals. One member of staff said, "We are all focused on providing high quality, person centred care for people in their own homes. If we have ideas how we can help improve the service we provide, they listen to us."
- People and their relatives told us they felt fully included and empowered by Penna's approach to their or their loved one's care. One relative told us, "As a service, they realised the difficulty of our situation, they involved us, nothing was a problem. They always made sure we had the right member of staff. [relative] was at breaking point, however [Penna] were amazing. We had nothing to worry about."

Working in partnership with others

- The service had worked closely with organisations in the local area, recognising that the positive impact they had on the people they supported could help other people. This had included engaging with organisations such as Age Concern UK and providing clear signposting to people, to help maintain and improve their wellbeing, whilst still living in their own home. This included guidance and advice people around social isolation and how they could help prevent this.
- Penna provided support and guidance to other organisations. Due to their reputation in the local community, Penna were approached to assist at a local day centre who had some staffing issues. The day centre also hoped the support will help create strong community relationships. Penna assisted with staffing and ensuring people had access to the day centre as well as enjoying positive experiences. Penna's support has had a positive impact in ensuring the day care service was maintained whilst staffing issues were addressed. This meant people who relied on this service for their wellbeing needs, as well as their carers who received timely respite received the support they required.
- Penna staff worked alongside other care agencies where required to ensure people could receive the care

they needed and stay in their own homes. The service has been flexible and responsive in assisting at short notice to maintain people's care needs and preferences, rather than the person attended a residential care setting which would impact on their independence and wellbeing.

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

- The provider and registered manager ensured that all staff were involved in learning and improving the quality of service people received. Staff were supported to carry out reflective learning from any incidents and mistakes. The provider ensured any key lessons were shared to help improve the service they provided people. One member of staff told us, "When things go wrong, we reflect on it, why did it happen and stop it happening again."
- Effective quality assurance checks were carried out by key staff members, the registered manager as well as the provider. These included checks on people's medicines records, care plans, finances and monitoring of the care being delivered. Any issues identified in the audits were acted upon and shared to the staff team.
- The registered manager and provider ensured they learnt from all information they received, such as complaints, concerns, near misses and late calls. This enabled them to ensure incidents were reduced in future, promoting a consistent and effective service.
- The provider and registered manager ensured staff had time to take on new knowledge. Each month there was a "topic of the month" where staff were asked to read some literature provided and it was then discussed amongst the staff team. One member of staff told us, "They encourage us to learn and develop."

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

- The service carried out a survey of people, their representatives, staff and healthcare professionals. Feedback from people and their relatives had been positive with no concerns raised. Feedback from staff informed staff discussions.
- The registered manager and provider had implemented staff lunches. These lunches were in place to understand to discuss ideas with staff, seek their views and involvement in driving continuous improvements. At a recent lunch management and staffing structures were discussed. Staff discussed potential problems and how they sorted them. One member of staff said, "Penna are a really fantastic company. We're all involved in discussing the future." Another member of staff said, "It says a lot about the company that I'm still working. I have got no intention of going anywhere, It's a great company."
- Staff and people were encouraged and supported to be involved in the service, taking into consideration their individual needs and circumstances. For example, one member of staff was being supported to return to work following a period of illness, while another member of staff was supported with a computer course to improve their knowledge. One person was being supported to discuss and contribute their own views. The person told us, "The management team encouraged me to contribute to my care and we adapted plans accordingly. (after some bad experiences with other providers) I finally feel cared about."

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; continuous learning and improving care

- The registered manager and provider understood their responsibility to be open and honest with people and their families when things went wrong and make improvements. The provider discussed a time where staff absences had an impact on the service people received. The service implemented a clear management plan which was communicated to people and staff. The registered manager and provider were aware of their legal obligation to report any concerns to CQC and to do so with transparency and to take action and learn from any mistakes.